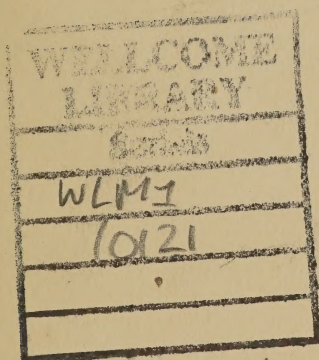




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THE JOURNAL OF MENTAL SCIENCE

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OF
MENTAL SCIENCE,

Published by the Authority of the

ASSOCIATION OF MEDICAL OFFICERS
OF ASYLUMS AND HOSPITALS
FOR THE INSANE:

EDITED BY
JOHN CHARLES BUCKNILL, M.D.

VOLUME V.



LONDON:
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VOL. V.

Hamlet : A Psychological Study.

All critical study of Hamlet must be psychological, and as there are few subjects which have been more closely studied, and more copiously written upon, than this magnificent drama, criticism upon it may seem to be exhausted. But human nature itself is still more trite ; yet, study it profoundly as we can, criticise and speculise upon it as we may, much will ever be left outside the largest grasp of those minds who undertake to elucidate so much of it as they can comprehend. Hamlet is human nature, or at least a wide range of it, and no amount of criticism can exhaust the wealth of this magnificent storehouse. It invites and evades criticism. Its mysterious profundity fascinates the attention ; its infinite variety and its hidden meanings deny exhaustive analysis. Some leavings of treasure will always be discoverable to those who seek for it in an earnest and reverent spirit. Probably no two minds can ever contemplate Hamlet from exactly the same point of view, as no two men can ever regard human life under exactly the same aspect. Hence all truthful criticism of this great drama is not only various as mind itself, but is apt to become reflective of the critic. The strong sense of Johnson, the subtle insight of Coleridge, the fervid eloquence of Hazlitt, the discriminating tact of Schlegel, are nowhere more evident than in their treatment of this mighty monument of human intellect. Every man who has learned to think, and has dared to question the inward monitor, has seen some part of the character of Hamlet reflected in his own bosom.

It will form no part of the subject of this essay to criticise the dramatic construction of Hamlet. We may, however, confess ourselves to be among those who cannot see in its construction that perfect art which has been so abundantly shewn by Shakespeare in many other pieces. Of the petty anacronisms which send Hamlet to Wittemberg, which allow Ophelia to call for a coach, and the King's palace to resound with salvos of artillery, we make small account; like spots on the sun's surface, they only impress themselves upon those who look upon the great work through some medium capable of obscuring its glories. The great length appears by no means an imperfection of this drama as a composition, whatever it may be as an acting play. The analysis of the motives of human action, which is the great object of this work, could not have been effected if the action were rapid. Rapidity of action is inconsistent with philosophic self-analysing motives and modes of thought; while the slow and halting progress of the action in this drama, not only affords to the character space and verge enough to unfold its inmost peculiarities of thought and feeling, but develops in the mind of the reader a state of metaphysical receptivity scarcely less essential to its full appreciation.

Once for all, let us say, in pointing out what appear to us difficulties to a logical apprehension of this piece from that point of view which contemplates the development of character and the laws of mind, we do not urge these difficulties as objections to this great drama, which we love and prize more than any other human piece of composition. We venture to find no fault with Hamlet; we revere even its irregularities, as we prefer the various uniform beauties of forest landscape to the straight walks and trim parterres of a well-kept garden. There are more irregularities and unexpected turns of action in Hamlet than in any other of Shakespeare's plays. Our belief is, that the poet became charmed with the creature of his own imagination, as it developed itself from his fertile brain. That as he gave loose rein to poetic fancy and philosophic reverie, he more than ever spurned the narrow limits of dramatic art. The works of Shakespeare's imagination, contrasted with those of the Greek dramatists, have been said to resemble a vast cathedral, combining in one beautiful structure various forms of architecture, various towers and pinnacles,—the whole irregular, vast, and beautiful. The drama of the Greeks, on the other hand, has been said to resemble their temples, finished in one style, perfect and regular. The *simile* is true and instructive, and in no case

more so than in its application to Hamlet. If in our admiration of its whole effect,—if in our reverent examination of its parts, its pinnacles of beauty, its shrines of passion, its gorgeous oriel of many-coloured thought,—we venture to express the difficulties we experience in understanding how one part grew out of another, and the many parts grew to form the wondrous whole, let our criticism be accepted as that of one who examines only to learn and to enjoy.

It is known that Shakespeare devoted more time to it than to any other of his works, and that in its construction he altered and re-altered much. The work bears evident traces of this elaboration, both in its lengthy and slow action, in its great diversity of incident and character, and in the great perfection of its parts contrasted with some loss of uniformity as a whole. Some of his plays (as the *Merry Wives of Windsor*), Shakespeare is said to have thrown off with incredible rapidity and facility; but this certainly is not one in which he “warbled his native wood-notes wild.” It was the laboured and elaborate result of years of toil, of metaphysical introspection and observation. It was the darling child of its great author, and ran some risk of being a little spoiled. A comparison with the sonnets, and the peculiar *trempe* of the leading character, lead us also to the belief that it was to a great extent his own mental mirror.

The first scene, where the Ghost appears to the sentinels on watch, is constructed with exquisite dramatic verisimilitude, and is admirably adapted to prepare the mind for that contest between the materialism of sensation and that idealism of passion, that doubting effort to discriminate between the things which are and the things which seem, which is the mark thread in the philosophy of the piece.

The Ghost appears at cold and silent midnight. “’Tis bitter cold, and I am sick at heart.” “Not a mouse stirring,” says Francisco. On this Coleridge remarks, that “in all the best attested stories of ghosts and visions, the ghost-seers were in a state of cold or chilling damp from without, and of anxiety inwardly.” As far as visions are concerned, this observation might have psychological importance, as tending to indicate the conditions of the nervous system favourable to the production of hallucination; but with regard to ghosts seen by many persons at the same time, if such things have been, it could only indicate that, escaped for a while from “sulphurous and tormenting flames,” these airy existences preferred to walk on cold nights.

We cannot consent to reduce the Ghost of Hamlet to physiological laws.

“ We do it wrong, being so majestical,
To offer it the shew of *science*.”

The Ghost in Hamlet can in no wise be included within the category of illusions or hallucinations ; it is anti-physiological, and must be simply accepted as a dramatic circumstance calculated to produce a certain state of mind in the hero of the piece. Hazlitt well says, that actors playing Macbeth have always appeared to him to have seen the weird sisters on the stage only. He never had seen a Macbeth look and act as if he had been face to face with the supernatural. We have experienced the same feeling in seeing the most approved representations of Hamlet ; and doubtless Goëthe had felt the same, since he produces upon the stage that which the tyro player Wilhelm Meister takes for a real ghost. No person to act the part had been provided, and something marvellous had been mysteriously promised ; but he had forgotten it, probably intending to dispense with the *appearance*. When it came, “ the noble figure, the low inaudible breath, the light movements in heavy armour, made such an impression on him that he stood as if transformed to stone, and could only utter in a half-voice, ‘ Angels and ministers of grace defend us.’ He glared at the form, drew a deep breathing once or twice, and pronounced his address to the Ghost in a manner so confused, so broken, so constrained, that the highest art could not have hit the mark so well.” Besides the part it takes in the development of the plot, the *rôle* of the Ghost is to account for, if not to produce, a high-wrought state of nerve in the hero ; and in the acting play to produce the same effect in lesser degree on the audience. Fielding has described this, when Tom Jones takes Partridge to see Garrick in the character of Hamlet. The life-like acting of the English Roscius, combined with the superstition of the schoolmaster, produces so thorough a conviction of the actual presence of the Ghost, that the result is one of the drollest scenes ever painted by that inimitable romancist.

Hamlet is, from the first moment represented, in that mood of melancholy which vents itself in bitter sarcasm : “ A little more than kin, and less than kind.” He is “ too much i’ the sun ;” sorry quips truly, but yet good enough for the hypocritical King, who wishes to rejoice and to lament at the same moment :

“ With one auspicious and one drooping eye,
With mirth in funeral, and with dirge in marriage,
In equal scale weighing delight and dole.”

To the King’s unfeeling arguments that the son ought not to

grieve for the death of his father, because it is a common theme, and an unavailing woe, Hamlet vouchsafes no reply. But to his mother's rebuke, that the common grief "seems" particular to him, he answers with a vehemence which shews that the clouds which hang on him are surcharged with electric fire :

"Seems, madam ; nay, it is ! I know not seems.

'Tis not alone my inky cloak," &c.

He has that within which passes show ; and, when left alone, he tells us what it is in that outburst of grief :

"Oh that this too, too solid flesh would melt,

Thaw, and resolve itself into a dew !

Or that the Everlasting had not fixed

His canon 'gainst self-slaughter ! Oh God ! Oh God !

How weary, stale, flat, and unprofitable,

Seem to me all the uses of this world :

Fye on't, oh fye ! 'tis an unweeded garden

That grows to seed ; things rank and gross in nature

Possess it merely ! That it should come to this,

But two months dead !" &c.

It is the conflict of religious belief with suicidal desire. In his pure and sensitive mind, the conduct of his mother has produced shame and keen distress. His generalising tendency leads him to extend his mother's failings to her whole sex—"Frailty, thy name is woman ;" and from thence the sense of disgust shrouds as with foul mist the beauty of the world, and all its uses seem "weary, stale, flat, and unprofitable." To general dissatisfaction with men and the world, succeeds the longing desire to quit the scene of shame and woe. In the subsequent arguments which the Prince holds with himself on suicide, he acknowledges the constraining power to be the fear of future punishment ; but in this passage the higher motive of religious obedience without fear is acknowledged ; a higher and a holier motive to the duty of bearing the evils which God permits, and refusing to break His law to escape from them, whatever their pressure may be. A bold man may "jump the life to come," in the very spirit of courage ; but a true servant and soldier of God will feel that there is unfaithfulness and cowardice in throwing off by voluntary death, whatever burden of sorrows may freight the frail vessel of his life.

The concluding line equally marks profound sorrow, and the position of dependence and constraint in which Hamlet feels himself :

"But break, my heart, for I must hold my tongue."

And yet what rapid recovery to the quick-witted complaisance of social intercourse, when his friends break in upon these gloomy thoughts ; and, again, mark the natural contiguity, in a mind equally sensitive and melancholic, of bantering sarcasm and profound emotion.

“Thrift ! thrift ! Horatio. The funeral-baked meats
Did coldly furnish forth the marriage tables.
Would I had met my dearest foe in heaven,
Or ever I had seen that day.”

This early passage seems to give the key-note of Hamlet's temper, namely, soul-crushing grief in close alliance with an ironical, often a broad humour, which can mock at despair. Profound life-weariness and suicidal desire indicate that from the first his emotions were morbid, and that the accusation of the King that he had

“A heart unfortified, a mind impatient,
An understanding simple and unschooled,”

was as true of the heart as it was false of the intellect. Yet his rapid recovery from brooding thoughts, and his entire self-possession when circumstances call upon him for action trivial or important, prove that his mind was not permanently off its poise. Profoundly reflective, capable of calling up thoughts and ideas of sense at will, of seeing his father “in his mind's eye,” he is equally capable of dismissing them, and throwing himself into the present. How thoroughly self-possessed is he in his interview with his friend and fellow-student and the soldiers, and the reception he gives to their account of the apparition, by which they were “distilled almost to jelly by the act of fear ;” how unhesitating his decision to see and speak to it, “though hell itself should gape !” And in the seventh scene, when actually waiting for the Ghost, what cool reflection in his comments on the wassail of the country. Yet he heard not the clock strike midnight, which the less pre-occupied sense of Marcellus had caught. His address to the Ghost,

“Angels and ministers of grace defend us :

Be thou a spirit of health or goblin damned ?” &c.

is marked by a bold and cool reason, at a time when the awful evidences of the future make

“us fools in nature,

So horribly to shake our disposition,

With thoughts beyond the reaches of our souls.”

The courage of the Prince is of the noblest temper, and is made the more obvious from its contrast with the dread of his companions, who suggest that *it*, the neutral *thing*, as it has before been called, may tempt him to the summit of the cliff,

“ And there assume some other horrible form,
Which might deprave your sov’rignty of reason,
And draw you into madness. Think of it ;
The very place puts toys of desperation,
Without more motive, into every brain,
That looks so many fathoms to the sea,
And hears it roar beneath.” *

But Hamlet is beyond all touch of fear.

“ My fate cries out,
And makes each petty artery in this body
As hardy as the Nemean lion’s nerve.”

Horatio says, “ He waxes desperate with imagination ;” but his state really appears to be that of high-wrought yet reasonable courage. After following the Ghost to some distance, he’ll “go no further ;” but if this is said with any touch of fear, it soon becomes pity : “ Alas, poor Ghost !” And this, again, changes to revengeful resolution. He demands quickly to know the author of his father’s murder, that he

“ May sweep to his revenge.”

But when the Ghost has told his terrible tale, and has disappeared, with the solemn farewell, “ Adieu, adieu, adieu ! remember me,” the reaction comes. Then it is that Hamlet feels his sinews fail their function, and invokes them to bear him stiffly up ; then he recognises a feeling of distraction in the globe of his brain ; then he vows forgetfulness of all things but the motive of revenge. He becomes wild at the thoughts of the “ smiling damned villain,” who had wrought all this woe ; and then, passing from the terrible to the trivial, he sets down in his tables a moral platitude.

“ My tables ; meet it is, I set it down,
That one may smile, and smile, and be a villain ;
At least, I am sure, it may be so in Denmark.”

We regard this climax of the terrible in the trivial, this transition of mighty emotion into lowliness of action, as one of the finest psychological touches anywhere to be found in the poet. There is something like it in Tennyson’s noble poem, *Maud*. When the hero has shot the brother of his mistress in a duel, he passes from intense passion to trivial observation :

“ Strange that the mind, when fraught
With a passion so intense,

* This danger again is remarked in *Lear* :

“ I’ll look no more,
Lest my brain turn, and the deficient sight
Topple down headlong.”

One would think that it well
 Might drown all life in the eye,—
 That it should by being so overwrought,
 Suddenly strike on a sharper sense
 For a shell or a flower, little things
 Which else would have been passed by !
 And now I remember, I,
 When he lay dying there,
 I noticed one of his many rings,
 (For he had many, poor worm,) and thought,
 It is his mother's hair."

When the mind is wrought to an excessive pitch of emotion, the instinct of self-preservation indicates some lower mode of mental activity as the one thing needful. When Lear's passions are wrought to the utmost, he says, "I'll *do!* I'll *do!* I'll *do!*" But he does nothing. Had he been able, like Hamlet, to have taken out his note-book, it would have been good for his mental health. Mark the effect of the restraint which Hamlet is thus able to put upon the tornado of his emotion. When the friends rejoin him, he is self-possessed enough swiftly to turn their curiosity aside. Horatio, indeed, remarks on his manner of doing so, and on his expression of the intention, for his own poor part, to go pray :

"These are but wild and hurling words, my lord."

Doubtless the excitement of manner would make them appear to be more deserving of this comment than they do in reading. Yet Hamlet knows thoroughly well what he is about, and proceeds to swear his friends to secrecy on his sword. The flippant comments on the awful underground voice of the Ghost "the fellow in the cellarage," "old mole," "truepenny," are another meeting point of the sublime and the ridiculous, or rather a voluntary refuge in the trivial from the awful presence of the terrible. They are thoroughly true to the laws of our mental being. How often have men gone out of life upon the scaffold with a jest upon their lips. Even the just and cool-tempered Horatio, who takes fortune's buffets and rewards with equal thanks, is astounded and terrified at the underground voice, which provokes but mocking retorts from the Prince.

"Oh, day and night, but this is wondrous strange!"

That Hamlet's mockery was the unreal opposite to this true feeling, like the hysteric laughter of acute grief, is evident from his last earnest adjuration :

"Rest, rest, perturbed spirit!"

How it is that the resolution of Hamlet to put on the guise

of madness follows so quick upon the appearance of the Ghost to him, (indeed, while the spirit is yet present, though unseen, for the resolution is expressed before the final unearthly adjuration to swear,) we are unable to explain. His resolutions are not usually taken with such quick speed ; and indeed the wings of his meditation, which he refers to as swift, commonly beat the air with long and slow strokes, the very reverse of Macbeth's vehement action, framed upon the principle, "that the flighty purpose never is o'ertook, except the act goes with it." It may, however, be said that the word *perchance* shews that Hamlet has not yet decided to act the madman, when he swears his friends to secrecy.

"Never, so help you mercy !

How strange or odd soe'er I bear myself,

As I, *perchance*, hereafter shall think meet

To put an antic disposition on."

And yet the intention must have substance in it, even at this time, or he would not swear his friends in so solemn a manner to maintain inviolate the secret of his craft. The purport of Hamlet's feigned madness is not very obvious. It does not appear to have been needful to protect him, like that of the elder Brutus. It may be that under this disguise he hopes better to obtain proof of his uncle's guilt, and to conceal his real state of suspicion and vengeful gloom. Still more probable is it that Shakespeare adopted the feigned madness as an essential part of the old story on which the drama is founded.

The old history of Hamleth relates how he counterfeited the madman to escape the tyranny of his uncle Fengon, and the expedients resembling those in the drama, which were resorted to by the King to ascertain whether his madness was counterfeited or not. The feigned madness, therefore, of the Prince was so leading a feature in the original history, that Shakespeare could by no means have omitted it, even if by doing so he would not have deprived himself of a magnificent canvass on which to display his psychological knowledge. As it stands in the drama, the counterfeit madness would seem to bring Hamlet into more danger than security. What if the King had accepted his madness from the first, and shut him up, as he might have justified himself in doing, in some strong castle. After the death of Polonius, the King says :

"His liberty is full of threats to all ;

To you yourself, to us, to every one.

Alas ! how shall this bloody deed be answer'd ?

It will be laid to us, whose providence

Should have kept short, restrain'd, and out of haunt,
This mad young man."

And again—

"How dangerous is it that this young man goes loose." He puts not the strong law upon him indeed, as he says, because "he's loved of the distracted multitude," and because "the Queen lives but in his eyes." These motives may explain the King's conduct, but they do not shew that, in assuming the guise of madness, Hamlet was not incurring the probable limitation of his own freedom.

The first demonstration of the antic disposition he actually does put on, is made before his mistress, the fair Ophelia.

Pol. Farewell !—How now, Ophelia ? what's the matter !

Oph. O, my lord, my lord, I have been so affrighted !

Pol. With what, in the name of heaven ?

Oph. My lord, as I was sewing in my closet,
Lord Hamlet,—with his doublet all unbrac'd ;
No hat upon his head ; his stockings foul'd,
Ungarter'd, and down-gyved to his ancle ;
Pale as his shirt ; his knees knocking each other ;
And with a look so piteous in purport,
As if he had been loosed out of hell,
To speak of horrors,—he comes before me.

Pol. Mad for thy love ?

Oph.

My lord, I do not know ;

But, truly, I do fear it.

Pol.

What said he ?

Oph. He took me by the wrist, and held me hard ;
Then goes he to the length of all his arm ;
And, with his other hand thus o'er his brow,
He falls to such perusal of my face,
As he would draw it. Long stay'd he so ;
At last,—a little shaking of mine arm,
And thrice his head thus waving up and down,—
He rais'd a sigh so piteous and profound,
As it did seem to shatter all his bulk,
And end his being : That done, he lets me go :
And, with his head over his shoulder turn'd,
He seem'd to find his way without his eyes ;
For out o'doors he went without their help,
And, to the last, bended their light on me.

Pol. Come, go with me ; I will go seek the king.
This is the very ecstasy of love ;
Whose violent property foredoes itself,
And leads the will to desperate undertakings,

As oft as any passion under heaven,
That does afflict our natures. I am sorry,—
What, have you given him any hard words of late ?

Oph. No, my good lord ; but, as you did command,
I did repel his letters, and denied
His access to me."

We are at a loss to explain this part of Hamlet's conduct towards his sweet mistress, unless as the said pantomime of separation ; love's mute farewell. That his noble and sensitive mind entertained a sincere love to the beautiful and virtuous girl, there can be no doubt. Surely it must have been this love which he refers to in that paroxysm of feeling at the close of the ghost scene :

"Yea, from the table of my memory,
I'll wipe away all trivial fond records."

Indeed, love is an autocratic passion not disposed to share the throne of the soul with other emotions of an absorbing nature. Hamlet, however, might feel his resolution, to wipe from his memory the trivial fond records of his love, strengthened into action by the conduct of Ophelia herself, who repelled his letters, and denied his access, thus taking upon herself the pain and responsibility of breaking off the relationship in which she had stood to him, and in which with so keen a zest of pleasure she had sucked in the honey-music of his vows, and the reaction from which cost her so dear. In his interview with Ophelia, arranged by Polonius and the King, he speaks to her of his love as a thing of the past. That that love was ardent and sincere we learn from his passionate grief at the grave of his dead mistress ; a grief which, on his own acknowledgment to his friend, we know to have been no acting ; but that he had forgot himself to Laertes, the bravery of whose grief had put him "into a towering passion." It is at this time, when he had forgot himself, that he explains with passionate vehemence :

"I loved Ophelia ; forty thousand brothers
Could not, with all their quantity of love,
Make up my sum."

That Hamlet's conduct to Ophelia was unfeeling, in thus forcing upon her the painful evidence of the insanity he had assumed, can scarcely be denied. Hamlet, however, was no perfect character, and in the matter of his love there is no doubt he partook of the selfishness which is the common attribute of the passion wherever its glow is the warmest. His love was not of that delicate sentimental kind which would, above all things, fear to disturb the beatitude of its

object, and feel its highest pleasure in acts of self-denial. It was rather of that kind which women best appreciate—an ardent passion, not a sentimental devotion ; and hence its tinge of selfishness. Yet, having put on his antic disposition with the trappings and suits of madness, he might feel that the kindest act he could perform towards Ophelia would be to concur with her in breaking off their courtship. He might, indeed, have allowed others to tell her that he had gone mad, and have saved her a great fright and agitation of mind ; but, under the circumstances, it cannot be considered unnatural that he should selfishly enough have rushed into her presence to take leave of her in the mad pantomime which she describes. His conduct to Ophelia is a mixture of feigned madness, of the selfishness of passion blasted by the cursed blight of fate, of harshness which he assumes to protect himself from an affection which he feels hostile to the present purpose of his life, and of that degree of real unsoundness, his unfeigned “weakness and melancholy,” which is the subsoil of his mind.

In the following scene the King explains to Rosencrantz and Guildenstern the condition of the Prince in a manner which implies that at that time he entertained no doubt of the reality of his madness.

“Something have you heard

Of Hamlet’s transformation ; so I call it,
 Since not the exterior nor the inward man
 Resembles what it was. What it should be
 More than his father’s death, that thus hath put him
 So much from the understanding of himself,
 I cannot dream of.”

The King’s anxiety to ascertain “if ought to us unknown afflicts him thus,” indicates the unrest of his conscience, and the fear that some knowledge of his own great crime may lie at the bottom of his nephew’s inward and outward transformation. The same fearful anxiety shews itself immediately afterwards, when the vain half-doting Polonius at the same time assuring him that the Ambassadors from Norway are joyfully returned, and that he has found “the very cause of Hamlet’s lunacy,” the King exclaims, “Oh ! speak of that, that I do long to hear ;” thus bringing upon himself the retort courteous of the old man, that the news respecting Hamlet should be kept to follow the pressing business of the moment, as dessert fruit follows a feast.

From Polonius’s exposition of Hamlet’s madness, which in a manner so contrary to his own axiom, “that brevity is the soul of wit,” he dilates with such tediousness and outward

flourishes of speech as to draw upon himself the rebuke of the Queen, "more matter with less art," one would almost think that Shakespeare had heard some lawyer full of his quiddets, quilllets, and cases, endeavouring by the sophistry of abstract definitions, to damage the evidence of some medical man to whose experience the actual concrete facts of insanity were matters of familiar observation, but whose verbal expression had more pedantry than power.

"I will be brief : Your noble son is mad :

Mad call I it ; for, to define true madness,

What is't but to be nothing else but mad ?"

In the following lines, the old man recognises madness to be a phenomenon, for which, like every other phenomenon, some cause or other must exist ; and, moreover, that madness is not in itself a distinct entity, something apart from the mind, but a *defect* in the mind.

"Mad let us grant him then ; and now remains

That we find out the cause of this effect ;

Or, rather say, the cause of this defect ;

For this effect, defective, comes by cause."

Hamlet's letter to Ophelia is a silly-enough rhapsody ; of which, indeed, the writer appears conscious. It reads like an old letter antecedent to the events of the drama. The spirit it breathes is scarcely consistent with the intense life-weariness under which its author is first introduced to notice. The signature, however, is odd. "Thine evermore, most dear lady, whilst this *machine* is to him," and agrees with the spirit of Hamlet's materialist philosophy, which is so strongly expressed in various parts of the play, and which forms so strange a contrast with the revelations from the spirit-world, of which he is made the recipient. The description which Polonius gives of the course of Hamlet's madness, after his daughter has locked herself from his resort, refused his messages and tokens, is vain and pedantic in its expression, but pregnant in meaning :

"And he, repulsed, (a short tale to make,)

Fell into a sadness ; then into a fast ;

Thence to a watch ; thence into a weakness ;

Thence to a lightness ; and, by this declension,

Into the madness wherein now he raves."

Translated into the dullness of medical prose, the psychological opinion of the old courtier may be thus expressed. Disappointed and rejected in his ardent addresses to Ophelia, Hamlet became melancholy, and neglected to take food ; the result of fasting was the loss of sleep ; loss of sleep and loss of food

were followed by general weakness. This produced a lightness or instability of the mental functions, which passed into insanity. The suggestion made by Polonius to test the soundness of his view, that the Prince loved his daughter, and had fallen from his reason thereon, was sound and practical, namely, to arrange and to watch in ambuscade interviews between him and the persons most likely to excite his emotion. Moreover, Shakespeare was in some sort bound to introduce these interviews, inasmuch as they formed an important part of the old history.

The Queen did not partake of the King's anxiety to ascertain the cause of her son's madness. When he tells her that Polonius

"Hath found

The head and source of all your son's distemper,"
she replies—

"I doubt it is no other but the main—

His father's death, and our o'erhasty marriage,"

Hamlet now for the first time appears in his feigned character. The feint is so close to nature, and there is underlying it withal so undeniable a substratum of morbid feeling, that in spite of ourselves, in opposition to our full knowledge, that in his antic disposition Hamlet is putting on a part, we cannot from the first dispossess ourselves of the idea, that a mind fallen, if not from the sovereignty of reason, at least from the balance of its faculties, is presented to us; so much is undirection of mind blended with pregnant sense and apprehension, both however perverted from the obvious line of sane thought; so much is the universal and caustic irony tinged with melancholic self-depreciation, and that longing for death which in itself alone constitutes a form of mental disease. In the various forms of partial insanity, it is a question of intricate science to distinguish between the portions of a man's conduct which result from the sound operations of mind, and those which result from disease. Hamlet's own assertion, "I am but mad north-north-west: when the wind is southerly I know a hawk from a hand-saw," is pregnant with a psychological truth which has often engaged the most skilful and laborious investigation, both of medical men and of lawyers. It has often been a question of life or death, of wealth or poverty, whether a criminal act was done, or a civil one performed, by a half-madman, when the mental wind was in the north-west of disease, or blowing from the sanatory south.

That in his actual unfeigned mental condition, Hamlet is far from being in a healthy state of mind, he is himself

keenly conscious, and acknowledges it to himself in his soliloquy upon the players :

“The spirit that I have seen

May be a devil ; and the devil hath power

To assume a pleasing shape ; yea, and perhaps,

Out of my weakness and my melancholy,

(As he is very potent with such spirits,)

Abuses me to damn me.”

Upon this actual weakness of mind, and suicidal melancholy, combined with native humour and the biting irony into which his view of the world has sharpened it, is added the feigned form of insanity, the antic disposition wilfully put on, the dishevelled habiliments of person and conversation. The characteristics of this feigned form are those of mania, not indeed violent, acute, and demonstrative, but mischievous, reckless, and wayward, and so mingled with flashes of native wit, and disguised by the ground colour of real melancholy, shewing through the transparency of the feigned state, that Hamlet's character becomes one of the most interesting and complicated subjects of psychological study anywhere to be met with.

He is first introduced to us in his feigning condition with a fine touch to excite pity.

“*Queen.* But look where sadly the poor wretch comes reading.

Pol. Do you know me, my lord ?

Hamlet. Excellent well ; you are a fishmonger.”

Coleridge, and others remark upon this, that Hamlet's meaning is, you are sent to fish out this secret. But we are not aware that fishmongers are in the habit of catching their fish. May it not rather be that a fishmonger was referred to as a dealer in perishable goods, and notoriously dishonest ; and thus to give point to the wish :

“Then I would you were so honest a man.”

The writers who insist upon a profound meaning, even in Hamlet's most hurling words, have been mightily puzzled with the lines :

“For if the sun breed maggots in a dead dog, being a god [or, a good], kissing carrion,” &c.

Coleridge refers to “some thought in Hamlet's mind, contrasting the daughter with the tedious old fool, her father.” Is it not rather a wild taunt upon the old man's jealous suspicion of his daughter, as if he had said, since the sun causes conception in such vile bodies, “let not your precious daughter walk in the sun.”

Perhaps he only intended to convey to Polonius, by a contemptuous simile, the intimation that he cared not for the daughter, and thus to throw him off the scent of his quest. The intention to offend the tedious old fool, and thus to dis-embarrass himself of his presence, becomes still more obvious in the description of old age which immediately follows: "Slanders, sir," &c.

The point of the satire, and the absence of unreason, strikes Polonius.

Pol. Though this be madness, yet there's method in it. Will you walk out o'the air, my lord?

Ham. Into my grave?

Pol. Indeed, that is out o'the air. How pregnant sometimes his replies are! a happiness that often madness hits on, which reason and sanity could not so prosperously be delivered of."

In this, again, the old man shews that though his wits may be somewhat superannuated, yet, either from reading or observation, he has no slight knowledge of mental disease.

What depth of melancholy and life weariness is there not apparent in the conclusion of the interview.

Pol. I will most humbly take my leave of you.

Ham. You cannot, sir, take from me anything that I will more willingly part withal; except my life! except my life! except my life!"

But when his old school-fellows arrive, how frank and hearty his greeting; how entirely is all disguise for the moment thrown aside! The noble and generous native nature is nowhere made more manifest than in his reception of these friends of his youth, men to whom he once adhered, neighbours to his youth and humour. Until his keen eye discovers that they have been sent for, and are mean instruments, if not spies, in the hands of the king, he throws off all dissimulation with them, greeting them with right hearty and cheerful welcome. Yet, how soon his melancholy peers through the real but transient cheerfulness. The world is a prison, "in which there are many confines, wards, and dungeons; Denmark being one of the worst." If 'tis not so to his friend, yet is it so to him, from thinking it so, for "there is nothing either good or bad, but thinking makes it so: to him it is a prison." The real prison, then, is his own mind, as, in the contrary mental state, a prison is no prison, for

"Stone walls do not a prison make,
Nor iron bars a cage,"

Hamlet feels that he could possess perfect independence of circumstance, if the mind were free.

Ros. Why, then your ambition makes it one ; 'tis too narrow for your mind.

Ham. Oh God ! I could be bounded in a nut-shell, and count myself a king of infinite space ; were it not that I have bad dreams."

The spies sound him further on the subject of ambition, thinking that disappointment at losing the succession to the crown may be the true cause of his morbid state. In this intention they decry ambition : 'tis but "a shadow's shadow." Hamlet replies logically enough, that if ambition is but a shadow, something beyond ambition must be the substance from which it is thrown, If ambition represented by a King is a shadow, the antitype of ambition represented by a beggar must be the opposite of the shadow, that is the substance. "Then are our beggars, bodies ; and our monarchs, and outstretch'd heroes, the beggars' shadows." He reduces the sophistry of his false friends to an absurdity, and closes the argument by declining to carry it further : "By my fay, I cannot reason." But Mr. Coleridge declares the passage to be unintelligible, and perhaps this interpretation may be too simple.

So far from being able to examine and recover the wind of Hamlet, his old schoolfellows are put by him to a course of questioning as to the motives of their presence, as to whether it is a free visitation of their own inclining, or whether they have been sent for. Their want of skill in dissemblance, and their weaker natures, submit the secret that they had been sent for to him, and the old "rights of fellowship," "the obligations of ever-preserved love," are immediately clouded by distrust : "Nay, then, I'll have an eye of you," he says. Yet notwithstanding he freely discloses to them the morbid state of his mind ; and, be it remarked, that in this exquisite picture of life-weariness, in which no image could be altered, no word omitted or changed, without obvious damage to its grand effect, he does not describe the maniacal state, the semblance of which he has put on before Ophelia and Polonius, but that morbid state of weakness and melancholy which he really suffers, of which he is thoroughly self-conscious, and which he avows in his first speech, before he has seen the Ghost :

"I have of late (but wherefore, I know not), lost all my mirth, foregone all custom of exercise : and, indeed, it goes so heavily with my disposition, that this goodly frame, the

earth, seems to me a steril promontory ; this most excellent canopy, the air, look you, this brave o'erhanging firmament, this majestical roof fretted with golden fire, why, it appears no other thing to me, than a foul and pestilent congregation of vapours. What a piece of work is a man ! how noble in reason ! how infinite in faculties ! in form, and moving, how express and admirable ! in action, how like an angel ! in apprehension, how like a god ! the beauty of the world ! the paragon of animals ! And yet, to me, what is this quintessence of dust ? man delights not me, nor woman neither ; though, by your smiling, you seem to say so."

How exquisitely is here conveyed the state of the reasoning melancholiac, (melancholia without delusion,) who sees all things as they are, but feels them as they are not. All cheerfulness fled, all motive for action lost, he becomes listless and inert. He still recognises the beauty of the earth and the magnificence of the heavens, but the one is a tomb, and the other a funereal pall. His reason still shews him the place of man, a little lower than the angels, but the sources of sentiment are dried up, and, although no man-hater, he no longer derives pleasure from kindly affections. The waters of emotion are stagnant ; the pleasant places of the soul are sterile and desert.

Hamlet is not slow to confess his melancholy, and indeed it is the peculiarity of this mental state, that those suffering from it, seldom or never attempt to conceal it. A man will conceal his delusions, will deny and veil the excitement of mania, but the melancholiac is almost always readily confidential on the subject of his feelings. In this he resembles the hypochondriac, though not perhaps from exactly the same motive. The hypochondriac seeks for sympathy and pity ; the melancholiac frequently admits others to the sight of his mental wretchedness, from mere despair of relief and contempt of pity.

Although Hamlet is ready to shew to his friends the mirror of his mind, observe how jealously he hides the cause of its distortion. "But wherefore I know not," is scarcely consistent with the truth. In his first soliloquy, which we take as the key-note of his real mental state, he clearly enough indicates the source of his wretchedness, which the Queen also, with a mother's insight, has not been slow to perceive :

"His father's death, and our o'erhasty marriage."

Again, how jealous he is that his friends should not refer his melancholy to love-sickness. With his acute insight into character, the opinion propounded by Polonius, that he was mad for

love, could not have escaped him ; a theory, moreover, which would be likely to wound his pride severely. Polonius had already made, in his presence, sundry aside observations on this point ; and the significant smile of Rosencrantz at his observation, "Man delights not me," would be likely to stimulate the sleeping suspicion that he was set down as a brain-sick, rejected lover, and some annoyance at an attempt to explain his madness as the result of his rejection by Ophelia, may combine with the suspicion that he is watched, to explain his harshness towards her in his subsequent interview with her.

How are we to understand his confession to the men he already distrusts, that in the appearance of his madness the King and Queen are deceived, except by his contempt for their discrimination, and his dislike to wear the antic disposition before all company.

When Polonius returns, he immediately puts on the full disguise, playing upon the old man's infirmities with the ironical nonsense about Jephtha, king of Israel, who had a daughter, &c., and skilfully leading Polonius by the nose on the scent of his own theory, "Still on my daughter."

When the players enter, however, he thoroughly throws off not only the antic counterfeit, but the melancholy reality of his disposition ; he shakes his faculties together, and becomes perfectly master of himself in courtesy, scholarship, and solid sense. His retort to Polonius, who objects to the speech of the player as too long, seems a valuable hint of Shakespeare's own opinion respecting the bad necessity he felt to introduce ribald scenes into his plays : "It shall to the barber's, with your beard. Pr'ythee, say on : he's for a jig, or a tale of bawdry, or he sleeps." What a noble sentiment in homely phrase, is that in which he marks the right motive of behaviour towards inferiors, and indeed towards all men. To Polonius's assurance that he will use the players according to their desert, the princely thought, in homely garb, is, "Odd's bodikin, man, much better : use every man after his desert, and who shall 'scape whipping ? Use them after your own honour and dignity : the less they deserve, the more merit is in your bounty."

Although he freely mocks the old lord chamberlain himself, he will not permit others to do so. His injunction to the player, "Follow that lord, and look you mock him not," not only indicates that the absurdities of Polonius are glaring, but that there is less real malice in Hamlet's heart towards the old man than he assumes the appearance of.

Hamlet decides upon the use he will make of the players with a promptitude that shews that his resolve, "sicklied o'er with the pale cast of thought," is but the inactivity of an over-reflective melancholic mind, and that there is energy enough in him to seize any real occasion.

Hamlet's soliloquy, "O, what a rogue and peasant slave am I!" resembles with a difference the one following his interview with the Captain: "How all occasions do inform against me." The latter one, after he has obtained satisfactory proof of his uncle's guilt, is far the least passionate and vehement, justifying in some degree the remark of Schlegel, that "in the last scene the main action either stands still or appears to retrograde." There is, however, an important distinction between these two soliloquies. The passionate outburst of the first has been stimulated by emotional imitation. The feigned passion of the player has touched the most sensitive chord of feeling, and given occasion to the vehemence of his angry self-rebuke. The account of the soldier's temper, "greatly to find quarrel in a straw, when honour's at the stake," sets him calmly to reflect and philosophize upon the motives of action. In these two soliloquies, we have to some extent Shakespeare's own exposition of Hamlet's natural character, and the motives of his conduct.

"The whole," says Schlegel, "was intended to shew that a consideration which would exhaust all the relations and possible consequences of a deed, to the very limits of human foresight, cripples the power of acting." In this tragedy of thought, we have a highly sensitive, reflecting, self-introspective mind, weak and melancholic, sorrow-stricken and life-weary. In a manner so awful that it might shake the soundest mind, this man is called upon to take away the life of a king and a relative, for a crime of which there exists no actual proof. Surely Hamlet is justified in pausing to weigh his motives and his evidence, in concluding not to act upon the sole dictation of a shadowy appearance, who may be the devil tempting his "weakness and his melancholy;" of deciding to "have grounds more relative than this," before he deliberately commits himself to an act of revenge which, even had the proof of his uncle's crime been conclusive and irrefragable, would have been repulsive to his inmost nature. Hamlet's indecision to act, and his over-readiness to reflect, are placed beyond the reach of critical discovery by his own analytical motive hunting, so eloquently expressed in the abstruse thinking in which he indulges. Anger and hatred against his uncle, self-contempt for his own irresolution, inconsistent as he feels

it with the courage of which he is conscious, disgust at his own angry excitement, and doubts of the testimony, upon which he is yet dissatisfied that he has not acted, present a state of intellectual and emotional conflict perfectly consistent with the character and the circumstances. If Hamlet had had as much faith in the Ghost as Macbeth had in the Witches, he would have struck without needing further evidence. If he had been a man of action, whose firstlings of the heart are those of the hand, he would have struck in the earliest heat of his revenge. He feels while he questions, that it is not true that he is "pigeon liver'd, and lacks gall to make oppression bitter;" but he does lack that resolution which "makes mouths at the invisible event;" he does make, "I would, wait upon, I will:" he does hesitate and procrastinate, and examine his motives, and make sure to his own mind of his justification, and allow us to see the painful labour of a noble and sensitive being, struggling to gain an unquestionable conviction of the right thing to do, in circumstances most awry and difficult; he does feel balancing motives, and painfully hear the ring of the yes and no in his head.

"Che sì, e nò nel capo mi tenzona."

Shall we think the less nobly of him because his hand is not ready to shed kindred blood; because, gifted with God-like discourse of reason, he does look before and after; because he does not take the law in his own hands upon his oppressor, until he has obtained conclusive evidence of his guilt; that he sought to make sure he was the natural justiciar of his murdered father, and not an assassin instigated by hatred and selfish revenge!

The report given to the King and Queen by the young courtiers was conceived to hide their failure in the mission of inquiry. The Prince, they say, "does confess he feels himself distracted," while he refuses to yield to them the cause:

"But, with a crafty madness, keeps aloof,

When we would bring him on to some confession

Of his true state.

He behaves

"Most like a gentleman.

But with much forcing of his disposition,"

and he is falsely stated to have been "niggard of question," but "most free of his reply."

They must, however, have been surprised to hear the condition in which they found their friend described by the King, as "turbulent and dangerous lunacy," since, up to this time, this is an untrue description of Hamlet's state, whatever

cause the King may subsequently have to apply it, when the death of Polonius makes him feel that Hamlet's "liberty is full of threats to all." The expression used by the King, that Hamlet "puts on this confusion," would seem to point to a suspicion, even at this early time, that his madness is but counterfeit. The Queen, however, appears to accept its reality, and, notwithstanding all the arguments of Polonius, she adheres to her first opinion of its cause. She doth *wish*, indeed, that Ophelia's "good beauties be the happy cause of Hamlet's wildness;" since, if so, she entertains the hope that her virtues may bring the remedy. It seems here implied that the King and Queen have been made aware of Ophelia's love for Hamlet; and both in this speech of the Queen, and in the one she makes over Ophelia's grave,

"I hop'd thou should'st have been my Hamlet's wife," it appears that the remedy by which the Queen at this time hopes to attain his recovery to "his wonted way again," is by his marriage. This understanding, however, or arrangement, is nowhere expressed, and indeed, although the Queen may desire to think with Polonius respecting the cause and nature of her son's malady, her mother's knowledge and woman's tact lead her conviction nearer to the truth, when she avows the real cause to be "His father's death, and our o'erhasty marriage."

The soliloquy which follows, "To be, or not to be,," is one of the most exquisite pieces of poetic self-communing ever conceived. Imbued with a profoundly melancholy view of human life, which is relieved by no gleam of cheerfulness, illumined by no ray of hope, the mind of the unhappy Prince dwells with longing desire, not on a future and happier state of existence, but on annihilation. He wishes to end the troubles of life in a sleep without a dream, and is restrained alone from seeking it by the apprehension of

"What dreams may come,

When we have shuffled off this mortal coil ;"

by the fear, in fact, of a future state, in which the calamities of this life may be exchanged for others more enduring, in the undiscovered country of the future. This "dread of something after death" scarcely deserves the name of conscience, which he applies to it. The fear of punishment is the lowest motive for virtuous action, and is far removed in its nature from the inward principle of doing right for its own sake. The word, however, does not seem to be here applied in its higher sense, as the arbiter of right, but rather in that of reflective meditation. It is this that makes "cowards of us all." It is this that prevents Hamlet seeking his own rest

in the annihilation he longs for. It is by this also, that his hand is withheld from the act of wild justice and revenge upon which his mind sits on brood. It is thus that he accurately describes the *timbre* of his own mind, so active to think, so inert to act, so keen to appreciate the evils of life, so averse to take any active part against them.

“Thus conscience does make cowards of us all ;
And thus the native hue of resolution
Is sicklied o’er with the pale cast of thought ;
And enterprises of great pith and moment,
With this regard, their currents turn awry,
And lose the name of action.”

The motive against suicide here adduced is undoubtedly a mean and fallacious one. It is mean, because it is cowardly ; the coward want of patience manfully to endure the evils of this mortal life being kept in check by the coward fear of future punishment. It is fallacious, because it balances the evils of this life against the apprehended ones of the future ; therefore when, in the judgment of the sorely afflicted, the weight of present evils more than counterpoises those which the amount of religious faith may point to in the threatening future, the argument here advanced would justify suicide. There is nothing in which men differ more than in their various endowments with the courage of fortitude and the courage of enterprise ; and it is certain that of two men equally groaning and sweating under a weary life, oppressed by the same weight of calamity, if solely actuated by the reasoning here employed by Hamlet in the contemplation of suicide, one would have the courage to endure the present, and the other would have the courage to face the perils of the future. Courage has been described as the power to select the least of two evils ; the evil of pain and death, for instance, rather than that of shame. If this be so, it must yet be admitted that either one of two given evils may be the greatest to different men ; and courage may urge one man to fight, and another to flee, either in the vulgar wars of Kings and Kaisars, or in the more earnest trials of the battle of life. The converse of the proposition will also be true, and cowardice will either make us stand by our arms or basely desert. The terrible question of suicide, therefore, is not to be thus resolved ; indeed the only motive against suicide which will stand the test, is that which Hamlet in his first speech indicates, namely, obedience to the law of God ; that obedience which, in the heaviest calamities, enables the Christian to “be patient and endure ;” that obedience

which, in the most frantic desire to put off this mortal coil, can withhold the hand by this one consideration, that

"The Eternal hath set His canon 'gainst self-slaughter."

The motives made use of by Hamlet in his earlier and later contemplation of suicide, indicate his religious and his philosophic phase of character. Faith in the existence of a God, and of a future state of existence, is so ingrained in his mind that it powerfully influences his conduct, and constantly turns up to invalidate, if not to refute, that materialist philosophy with which he is indoctrinated, and which leads him so constantly to trace the changes of matter, as in

"Imperial Cæsar, dead and turned to clay,

Might stop a hole, to keep the wind away."

This, perhaps, was the philosophy which Horatio and he had learned at Wittenburg, the fallacy of which the Ghost had seemed at first to prove. Yet it is strange how entirely Hamlet appears at times to have forgotten the Ghost and its revelations. The soliloquy, "To be, or not to be," is that of a man to whom any future state of existence is a matter of sincere doubt. He appears as one of those who would not be persuaded, "though one rose from the dead."

After the soul-harrowing recital made to him by the perturbed spirit of his father, in which the secrets of his purgatorial prison-house are not indeed unfolded, but in which they are so broadly indicated that no man who had seen so much of the "eternal blazon" of the spirit-world, could find a corner in his soul for the concealment of a sceptical doubt, after this, the soliloquy, "To be, or not to be," presumes either an entire forgetfulness of the awful revelation which had been made to him, or the existence of a state of mind so overwhelmed with suicidal melancholy as to be incapable of estimating testimony. Now it is well enough known that the most complete sensational and intellectual proofs go for nothing, when opposed to the stubborn strength of a morbid emotion, and if Hamlet reasons upon the future life, and hunts matter through its transmigrations like a sceptical physiologist, it must be accepted as the result of mental disease which has perverted the instinct of self-preservation, and made him desire nothing so much as simple unconditional annihilation.

In his interview with the much enduring Ophelia which follows the soliloquy, Hamlet has been accused of unworthy harshness. Two considerations will tend to modify, though not altogether to remove this judgment. The reader is aware that Ophelia entertains the fondest love towards Hamlet; but he, ignorant of this, only knows that, after accepting the tender

of his affections, she has repulsed him with every appearance of heartless cruelty. He feels her to be, the cause in himself, of "the pangs of despised love;" yet he at first addresses her in a manner indicating his own faithfulness and fond appreciation of all her goodness and virtue, as if he could best approach Heaven through her gracious intercession.

"The fair Ophelia : Nymph, in thy orisons

Be all my sins remember'd."

What follows is so opposed to the tenderness of this greeting, that we are compelled to assume that he sees through the snare set for him; and that in resisting it he works himself up into one of those ebullitions of temper to which he is prone. He sees that Ophelia is under the constraint of other presence, as what keen-sighted lover would not immediately distinguish whether his mistress, in whatever mood she may be, feels herself alone with him, or under the observation of others. He has before shewn his repugnance to the idea that he is love-sick mad. He knows that Polonius thus explains his conduct; and his harshness to Ophelia is addressed to Polonius, and any others who may be in hiding, more than to Ophelia herself. Yet the harshest words, and those most unfit to be used to any woman, are the true reflex of the morbid side of his mind, which passion and suspicion have cast into the bitterest forms of expression. The true melancholy and the counterfeit madness are strangely commingled in this scene. The latter is shewn by disjointed exclamations and half-reasonings. "Ha, ha! are you honest?" "Are you fair?" "I did love you once." "I loved you not," &c. And by the wild form in which the melancholy is here cast. "Get thee to a nunnery : why would'st thou be a breeder of sinners?" "What should such fellows as I do crawling between heaven and earth!" "Where's your father?" Ophelia tells a white lie. "At home, my lord." Hamlet knows better, and sends a random shaft into his ambuscade. "Let the doors be shut upon him, that he may play the fool nowhere but in his own house."

"*Ham.* Get thee to a nunnery : why would'st thou be a breeder of sinners? I am myself indifferent honest; but yet I could accuse me of such things, that it were better my mother had not borne me : I am very proud, revengeful, and ambitious; with more offences at my beck, than I have thoughts to put them in, imagination to give them shape, or time to act them in. What should such fellows as I do crawling between earth and heaven! We are arrant knaves, all; believe none of us : go thy ways to a nunnery. Where's your father?"

“*Ham.* If thou dost marry, I’ll give thee this plague for thy dowry : Be thou as chaste as ice, as pure as snow, thou shalt not escape calumny. Get thee to a nunnery ; farewell : or, if thou wilt needs marry, marry a fool ; for wise men know well enough what monsters you make of them. To a nunnery, go ; and quickly too. Farewell.

Oph. Heavenly powers, restore him !.

Ham. I have heard of your paintings too, well enough : God hath given you one face, and you make yourselves another ; you jig, you amble, and you lisp, and nick-name God’s creatures, and make your wantonness your ignorance : Go to, I’ll no more of’t ; it hath made me mad. I say, we will have no more marriages : those that are married already, all but one, shall live ; the rest shall keep as they are. To a nunnery, go.”

Partly dictated by jealous fear that Ophelia may solace her pain with some other lover, it is yet an attempt to wean from himself any fondness which may remain. The burthen is, Grieve not for me, but do not marry another. The latter speech is directed to the Queen in ambush.

What exquisite pathos ! what wail of despairing love in Ophelia’s lament over the ruin of her lover’s mind ! What fine discrimination of the excellencies marred ! What forgetfulness of self in the grief she feels for him ! Not for her own loss, but for his fall, is she “of ladies most deject and wretched,” although it is the dying swan-song of her own sanity.

“O, what a noble mind is here o’erthrown !

The courtier’s, soldier’s, scholar’s, eye, tongue, sword :

The expectancy and rose of the fair state,

The glass of fashion, and the mould of form,

The observed of all observers : quite, quite down !

And I, of ladies most deject and wretched,

That suck’d the honey of his musick vows,

Now see that noble and most sovereign reason,

Like sweet bells jangled, out of tune and harsh ;

That unmatch’d form and feature of blown youth

Blasted with ecstasy : O, woe is me !

To have seen what I have seen, see what I see !”

The King, in the meanwhile, whose keenness of vision had not been dimmed by the mists of affection, like that of Ophelia, nor by self-conceit, like that of Polonius, has detected the prevalence of melancholy and sorrow in the assumed wildness of the Prince :

“Love ! his affections do not that way tend ;

Nor what he spake, though it lack’d form a little,

Was not like madness. There's something in his soul
O'er which his melancholy sits on brood ;
And, I do doubt, the hatch, and the disclose,
Will be some danger."

Polonius thinks well of the King's scheme to get Hamlet out of the way by pretext of benefiting his health by change of scene ; though with senile obstinacy he still holds to his opinion that the commencement of his grief sprung in neglected love. To test this further, he proposes the interview with the Queen, who is to be round with her son, and whose conference Polonius will hear. If this scheme fails, let him be sent to England without delay, or be put into confinement.

In his speech to the players, Hamlet's attention, abstracted for a moment from external sorrows, leaves his mind perfectly free from the clouds of melancholy, and permits him to display his powerful and sarcastic intelligence without let or hindrance. His innate nobleness of mind is not less clearly portrayed in the conversation with Horatio which immediately follows. The character of this judicious and faithful friend, as it is manifested throughout the piece, and especially as it is here portrayed by Hamlet himself, forms a pleasing contrast to that of his princely friend. The one passionate in emotion, inert in action ; the other cool in temper, prompt in conduct. The maxim *nosciter a sociis*, may be narrowed to the closer and truer one, "Shew me your friend, and I'll tell your mind ;" and in a true and deep friendship, there will always be found much uniformity of sentiment, though it may be, and indeed often is combined with great diversity of temperament. Deep friendship rarely exists between persons whose emotional tendencies closely resemble. A true friend is generally chosen in some contrast of disposition, as if the basis of this rare and noble affection were the longing to remedy the imperfection of one's nature by complementing ourselves with those good qualities of another, in which we are deficient.

Before this time, Hamlet has confided to his friend the terrible secret of the Ghost's message, the truth of which he proposes to test by the scheme of the play, and thus to sting the conscience and unkennel the occult guilt of his uncle.

When the court enter, Hamlet puts on his antics in his ironical half-reasonings with the King and Polonius, and his banter with Ophelia. The manners and playhouse licence of the time explain the broad indelicacy of the latter ; but that he so publicly indulged it may be accepted as proof of his

desire to mark his indifference to the woman who had, as he thought, heartlessly jilted him, and whose love he had reason to think had been "as brief as the posy of a ring."

As the play within the play draws to its climax, Hamlet becomes so excited and reckless that it is a wonder he does not spoil his scheme by exposing it to the King, who, on the point of taking the alarm, exclaims, "Have you heard the argument? Is there no offence in't?" He is little likely to be reassured by Hamlet's disclaimer, "They poison in jest; no offence i'the world."

When the crisis has come, and the King's guilt has been unkenneled, and Hamlet is again left alone with Horatio, before whom he would not feign, his real excitement borders so closely upon the wildest antics of the madness he has put on in craft, that there is little left to distinguish between the two. He quotes senseless doggerel, will join "a fellowship in a cry of players," will "take the ghost's word for a thousand pound," and is altogether in that state of flippant merriment which men sometimes assume to defend themselves from deep emotion; as they sometimes jest in the face of physical horrors or mental woe. It is like the hysterical laughter of intense emotion; though not quite. It is partly that levity of mind which succeeds intense strain of thought and feeling, as naturally as it is to yawn and stretch after one long-continued wearisome position. This mood of unfeigned flippancy continues after the re-entrance of his treacherous school friends, well expressing its tone in the doggerel,

"For if the king like not the comedy,

Why then, belike,—he likes it not, perdy."

To the courtier's request, that he will put his "discourse into some frame," he rejoins, "I am tame, sir: pronounce." He affects a display of politeness, but the "courtesy is not of the right breed." To the entreaty to give "a wholesome answer" to the Queen's message, he affords an unconscious indication that some at least of his wildness is also not of the right breed, since he appeals to it as a reality. "Make you a wholesome answer; my wit's diseased." Of a disease, however, which leaves the wit too quick for their play. He sees through them thoroughly. To the silly-enough inquiry of Rosencrantz, "Good my lord, what is your cause of distemper? you do, surely, but bar the door of your own liberty, if you deny your griefs to your friend;"—he gives answer, laying bare the selfish motives of the other, "Sir, I lack advancement." Suppressing irony, he becomes for a moment serious with them; "Why do you go about to recover the wind of me, as

if you would drive me into a toil ?" And then that lesson of sarcastic earnestness, to prove that he knew the breed of of their friendship and solicitude for him.

"Why, look you now, how unworthy a thing you make of me. You would play upon me ; you would seem to know my stops ; you would pluck out the heart of my mystery ; you would sound me from my lowest note to the top of my compass : and there is much music, excellent voice, in this little organ ; yet cannot you make it speak. S'blood, do you think I am easier to be played on than a pipe ? Call me what you will, though you can fret me, you cannot play upon me."

The veil which he deigns to put on before these mean and treacherous ephemera of the court, is of the thinnest counterfeit ; but with Polonius the mental antics are more pronounced, for with him he rejoices in spiteful mischief, as when the tiresome old man "fools him to the top of his bent." "Do you see yonder cloud," &c. How thoroughly in the surface all this flippancy was, the soliloquy immediately following fully proves. The dread purpose is gathering to action, and the mind was never more sad than all this while, under the mask of intellectual buffoonery.

"'Tis now the very witching time of night," &c.

At this juncture the King re-appears, with his mind thoroughly made up on the point that Hamlet has in him something dangerous, if his doubts are not also solved on the point of his madness. The play which discovers the King to Hamlet, must also have discovered his knowledge of the murder to the King. Before this time, Claudius thinks his nephew's madness must be watched, and although he fears that the hatch and disclose of his melancholy will be some danger, it does not appear that he yet proposes to send him to England with any purpose upon his life. After the play, and before the death of Polonius, the King's apprehension is excited.

"I like him not ; nor stands it safe with us
To let his madness range."

"The terms of our estate may not endure
Hazard so near us, as doth hourly grow
Out of his lunes."

"We will fetters put upon this fear,
Which now goes too free-footed."

Although the King speaks to the courtiers of dispatching their commission to England forthwith, and desires them to arm to this speedy voyage, it can scarcely be that at this

time he is guilty of that treacherous design on Hamlet's life which he unfolds after the death of Polonius. The agony of repentance for his past crime, so vehemently expressed in the soliloquy, "Oh, my offence is rank," &c., appears scarcely consistent with the project of a new murder on his mind. The King has no inconsiderable mental endowments and moral courage, though personally he is a coward, and a sottish debauchee. But notwithstanding this personal cowardice, we must accept Hamlet's abuse of him, in contrast to the manly perfection of his father, as applying rather to his appearance, and to his deficiency in those soldier-like qualities which would command respect in a nation of warriors, than to his intellect. Although the King holds fencing, that quality of Laertes which hath plucked envy from Hamlet, "as of the unworthiest siege;" yet, although a plotter, "a cut-purse of the empire and the rule," and, according to the description of his son-in-law, altogether a contemptible person, intellectually, he is by no means despicable. That burst of eloquent remorse seems too instinct with the longing for real repentance to have been uttered by this cowardly fratricide, who even in the act is juggling with heaven itself. We feel no pity for the scheming hypocrite, in spite of the anguish which wrings from him the cry :

"O wretched state ! O bosom, black as death !

O limed soul ; that struggling to be free,

Art more engag'd !"

If in that fine appreciation of mercy and of Heaven's justice, in which

"There is no shuffling ; there the action lies

In his true nature ; and we ourselves compell'd,

Even to the teeth and forehead of our faults,

To give in evidence ;"

if these thoughts appear too just to be expressed by so foul a mouth, even as the polished wisdom of the precepts given to Laertes appear inconsistent with the senile capacity of Polonius, we must attribute the fact to that lavish wealth of power and beauty which we find only in Shakespeare ; who sometimes in wanton extravagance sets pearls in pinchbeck, and strews diamonds on the sanded floor ; who pours nectar into the wooden cup, and feeds us with ambrosia when we should have been satisfied with bread.

It will scarcely be denied by those who have escaped that blindness of bigotry, which the intense admiration Shakespeare naturally excites in those who study him closely accounts for and excuses, that he sometimes gives to one

of his personages an important speech, somewhat out of harmony with the general delineation of the character ; his characters being in other parts so thoroughly natural and consistent, that he is able to do this without injury to the general effect. But when he does so, what breadth of wisdom and beauty of morality does not the discursive caprice afford !

The soliloquy of the King, a homily in thirty lines, on the mercy and justice of God, and the utter folly of hypocrisy in prayer, is followed by the speech of Hamlet, "Now might I do it pat," &c., containing sentiments which Johnson designates as atrocious.

We are inclined to think that in writing both this speech and the King's soliloquy, Skakespeare had in mind the intention of conveying instruction on the nature and office of prayer, rather than that of developing his plot. From the King's speech, we learn that the mercy of the sweet Heavens is absolutely unlimited, the two-fold force of prayer to bring aid and pardon, the condition of forgiveness, namely a true repentance which does not shame justice by retaining the offence, and the worthlessness of word prayers. We know that the prayers of the King are hollow and unavailing, but so does not Hamlet, who is made to bear testimony to the all-sufficient efficacy of prayer, since it can save so damnable a villain as his uncle. His father had been

"Cut off even in the blossom of his sin,

Unhousel'd, disappointed, unanel'd."

"He took my father grossly, full of bread ;

With all his crimes broad blown, as flush as May."

so that his audit with Heaven was likely to stand heavy with him. Villain as his uncle was,

"Bloody bawdy villain !

Remorseless, treacherous, lecherous, kindless villain !"

still there was that in prayer which would fit and season him for his passage to the future life, and, if taken "in the purging of his soul," why, "so he goes to Heaven."

Both of these speeches seem to have been written to impress most forcibly the efficacy of sincere and prayerful repentance. It was to the religious sentiment that the revival of play acting was due, but when Shakespeare wrote this had already ceased to be a common subject of theatrical representation, and (Measure for Measure perhaps excepted,) in no other of his Dramas has it been very prominently brought forward. The motive for delay, assigned in this speech, was certainly neither Christian or merciful. Yet the act itself was merciful, and the more horrid bent for which

Hamlet excused his inaction, was but speculative. A conscience yet unsatisfied that his purposed deed was a just and righteous one, rather than a cruel thirst for the full measure of revenge, appears to have been Hamlet's real motive for delay at this period. His opportunities for assassinating the King, had he so desired, were certainly not limited to this moment, yet he forbore to use them, until his uncle's murderous treachery towards himself at length resolved him to quit accounts with his own arm. Moreover, it is the Romanist theology which is represented in this play, and its doctrines must be taken into consideration in judging of the excuse which Hamlet makes for delaying to kill the King, until "about some act what has no relish of salvation in't." The future state of punishment is represented as a terminable purgatory; Hamlet's father is doomed "for a certain time" to fast in fires, until his crimes are burnt and purged away. Hamlet swears by the rood, and he lays the stress of a catholic upon the incest of the Queen becoming her husband's brother's wife. At the funeral of Ophelia it is the catholic ritual which is in abeyance. Great command has over-swayed *the order* of priory or abbey, where the funeral is taking place. The priest says, "her death was doubtful;" and,

"We should profane the service of the dead,
To sing a *requiem*, and such rest to her,
As to peace-parted souls."

In this passage, the Romanist idea is for the third time produced that the soul's future depends upon the mode of leaving this life, rather than upon the manner in which this life has been spent.

In the interview with his mother, the idea of Hamlet's profound affection for her has been most skilfully conveyed in the painful effort with which he endeavours to make her conscious of her position, to set before her a glass where she may see her inmost part, to speak daggers to her, to be cruel, but not unnatural. From the speech,

"A bloody deed, almost as bad, good mother,
As kill a King, and marry with his brother."

it would appear that he entertained some suspicions of his mother's complicity in the murder of his father, and that these words were tentative to ascertain whether her conscience was sore on that side. From what follows we must suppose this suspicion allayed. The readiness with which Hamlet seizes the opportunity to strike the blow which killed Polonius, under the belief that he struck the King, is of a piece with a character too meditative to frame and follow a course of action,

yet sudden and rash in action when the opportunity presents itself. The rapid action with which he utilizes the players, with which he circumvents his treacherous schoolfellows, with which he at last kills the King, resembles the quick blow which sends to his account "the wretched, rash, intruding fool," whom he mistakes for his betters. So long as resolution can be "sickled o'er with the pale cast of thought," so long as time is allowed for any scruple to be listened to, he thinks too precisely on the event, and lives to say the thing's to do. But let the opportunity of action present itself, and he is quick to seize it, as he would have been dilatory in seeking it. It is the meditative, inactive man, who often seizes opportunities for action, or what he takes for such, with the greatest eagerness. Unable to form and follow a deliberate course of action, he is too ready to lend his hand to circumstances, as they arise without his intervention. Sometimes he fails miserably, as in the death of Polonius; sometimes he succeeds, as when he finds occasion to praise that rashness, which too often stands him in the place of steady purpose.

"Rashly,

And praised be rashness for it,—let us know,
Our indiscretion sometimes serves us well,
When our dear plots do pall; and that should teach us,
There's a Divinity that shapes our ends,
Rough-hew them how we will."

The comments of Hamlet upon the death of Polonius, if they had been calmly spoken by a man holding the even tenour of his way through life, would have deserved the moralist's reprobation quite as much as his speech over the praying King. To us they tell of that groundwork of unsound emotion upon which the almost superhuman intellectual activity of the character is founded. In Hamlet's life-weary, melancholy state, with his attention fixed elsewhere, such an event as the death of Polonius would have a very different effect to that which it would have had upon so sensitive and noble a mind, if its condition were healthy. His attention at the time is concentrated upon one train of ideas, his feelings are pre-occupied, his sympathies somewhat indurated to the sufferings of others, and his comments upon them are likely, therefore, to appear unfeeling.

The Queen indeed, with affectionate invention, represents to the King the very opposite view. She says "he weeps for what he's done;" his natural grief shewing itself pure in his very madness, like a precious ore in a base mineral, silver in lead ore. It is, however, not thus that Hamlet is repre-

sented "to draw toward an end" with the father of his mistress, and to deposit the carrion.

The ideas which almost excluded the wrong he had done Polonius from Hamlet's thoughts, now become expressed with a vehemence inconsistent with sound mind. The manner in which he dallies with the idea of his mother's incest, using images of the grossest kind—the blighting comparison of that mildewed ear, his uncle, with his warrior father—the vehement denunciation of his uncle—"a murderer and a villain, a slave," "a vice of kings, a cutpurse of the empire and the rule," "a king of shreds and patches," "a toad," "a bat, a gib,"—all this verifies his own sneer on himself, that while he cannot act he can curse "like a very drab." Although he succeeds in his purpose of turning the Queen's eyes into her very soul, and shewing black and grained spots there, it must be admitted that this excessive vehemence is not merely so much out of the belt of rule as might be justified by the circumstances, but that it indicates a mind unhinged; and never does Hamlet appear less sane than when he is declaring

"That I essentially am not in madness,
But mad in craft."

Hamlet's behaviour in the second ghost scene is more excited and terrified than in the former one. The apparition comes upon him when in a less firm and prepared mood. The first interview is expected, and each petty artery is knit to hardihood. The second is wholly unexpected, and comes upon him at a time when his mind is wrought to passionate excitement; and it is far easier for the mind to pass from one state of emotional excitement to the opposite, than from a state of self-possessed tranquillity to one of excitement. It is thus with Hamlet's rapid transition from passionate vehemence, with which he is describing his uncle's crimes and qualities, to the ecstasy of fear, which seizes him when his father's shade once more stands before him. The sting of conscience also adds force to the emotion of awe. He has neglected the dread command, the sacred behest, of the buried majesty of Denmark. With unworthy doubts and cowardly procrastination, his purpose has become almost blunted. His doubts, however, have now vanished; he no longer entertains the thought that "the spirit he has seen may be the devil;" he no longer questions whether it is "a spirit of health, or goblin damned;" but accepts the appearance implicitly as the gracious figure of his father. Since the first appearance of the unearthly visitant, he has caught the conscience of the fratricide King, and unkenneled the dark secret of his guilt;

therefore it is that at this second visitation the feeling of awe is unmixed with doubt and that touch of defiance which is so perceptible on the former one. Since that, moreover, his nerves have been rudely shaken ; he has lived in the torture of extreme anxiety and profound grief, and the same cause would produce upon him a greater effect. Even while he is vehemently railing at the criminal whom he had been called upon to punish, the Ghost appears.

“Ham. How is it with you, lady ?

Queen. Alas ! how is’t with you ?

That you do bend your eye on vacancy,
And with the incorporeal air do hold discourse ?
Forth at your eyes your spirits wildly peep ;
And as the sleeping soldiers in the alarm,
Your bedded hair, like life in excrements,
Starts up, and stands on end. O gentle son,
Upon the heat and flame of thy distemper
Sprinkle cool patience.”

“Queen. This is the very coinage of your brain :
This bodiless creation ecstasy
Is very cunning in.

Ham. Ecstasy !

My pulse, as yours, doth temperately keep time,
And makes as healthful music : It is not madness,
That I have utter’d : bring me to the test,
And I the matter will re-word ; which madness
Would gambol from. Mother, for love of grace,
Lay not that flattering unction to your soul,
That not your trespass, but my madness, speaks :
It will but skin and film the ulcerous place ;
While rank corruption, mining all within,
Infects unseen.”

It is in this agony of awe that he calls upon the heavenly guards to save and protect him, that his eyes wildly indicate alarm, that his bedded hairs stand on end, that the heat and flame of his distemper appears to lack all patience. It is in this agony of awe that he feels himself so unnerved, that he entreats his father not to look upon him, lest he should be thus rendered incapable of all action, and only live to weep. During the brief space of the Ghost’s second appearance, Hamlet’s extremity of fear can scarcely be overrated. Still it is the fear of awe, not of that horror which petrifies Macbeth in the banquet scene. Moreover, in Hamlet the reaction tends to tears, in Macbeth it was to rage.

There is something exquisitely touching in the regard which

the poor Ghost shews towards the frail partner of his earthly state. The former injunction

“Taint not thy mind, nor let thy soul contrive
Against thy mother aught.”

had scarcely been obeyed ; and now the entreaty

“O, step between her and her fighting soul,”

is a fine touch of the warrior's heart, whose rough and simple silhouette is thrown upon the page in those two lines of unsurpassable descriptive terseness.

“So frowned he once, when in an angry parle,
He smote the sleded Polack on the ice.”

The Ghost, indeed, is a character as never ghost was before, So far from being a neutral *it*, a *thing*, the buried majesty of Denmark is highly personal in his simple Slavonic majesty. Though he instigates revenge in the old viking, rather than in that of the Christian spirit, though he protests against the luxury and damned incest which defiled his royal bed, yet is he nobly pitiful to the wretched woman, through whose frailty the transgression arises. After the intercession of the Ghost, Hamlet's manner to his mother entirely changes. In his former reference to the incest, he makes her a full partner of the crime. In his subsequent one he represents the King as the tempter, and supposes her future conduct as that of “a queen fair, sober, wise ;” and to the end of the piece he gives her his affection and confidence.

That the apparition was not an hallucination, as accounted by the Queen, a bodiless creation caused by the diseased brain, is known to Hamlet and the reader of the play by its previous appearance, and by its reference to the disclosure then made. Its speech distinguishes it from the supposed ghost of Banquo. It is a stupid error to put the Ghost on the stage clad in armour on this second occasion.

“My father, in his *habit* as he lived !”

indicates that this time the design of the poet was to represent him in the weeds of peace. The quarto edition, indeed, gives as a stage direction, “Enter the Ghost, in his night-gown.” The appearance was suited to the place, even as the cap-a-pie armament to the place of warlike guard. Unlike the appearance on the battery, which was seen by all who were present, on this occasion it was only visible to Hamlet, and invisible to his mother. Ghosts were supposed to have the power to make themselves visible and invisible to whom they chose ; and the dramatic effect of the Queen's surprise at Hamlet's behaviour was well worth the poetic exercise of the privilege. The Queen, indeed, must have been thoroughly

convinced of her son's madness, in despite of his own disclaimer, and of the remorseless energy with which he wrung her own remorseful heart. Her exclamation, "Alas, he's mad!" is thoroughly sincere; and though her assurance that she has "no life to breathe" the secret that he is "but mad in craft," seems to apply her assent to the fact, Hamlet's language and demeanour were certainly not such as were calculated to convince her of the truth of this avowal. She is therefore likely to have spoken not falsely, but according to her convictions, when she immediately afterwards says that her son is

"Mad as the sea, and wind, when both contend

Which is the mightier."

The Queen in this ghost scene, and Lady Macbeth in the banquet scene, are placed in very similar circumstances: they both refer those appearances to a morbid state of the brain, by which the son of the one and the husband of the other are so terribly moved; they both, but in very different degrees, are endeavouring to conceal remorse. But the Danish Queen is affrighted at the behaviour of her son; the Scottish Queen, incapable of fear, is mainly anxious about the effect which her husband's conduct will have upon the bystanders. The one gives free expression to her alarm,—she allows amazement to sit visible on her expression and attitude; the other, firm and self-possessed, is the ruling spirit of the hour. The one is a middle-aged voluptuary who, incestuously married to a drunkard of degraded appearance, has feelings so little refined that, until her son holds up the mirror to her soul, she is barely sensible of her own shameless position; the other, a great criminal, is as conscious as she is outwardly confident. The one is animated with the spirit of Belial; the other with that of Satan.

Hamlet finds that his assumed madness, which he puts on and off rather capriciously, is likely to become an impediment to a right understanding with his mother. He sees her ready to deny the reality of her own trespass, because it is mirrored with the demeanour, and, in some sort, with the words of ecstasy. He therefore offers as tests of his sanity, that his pulse is temperate, that his attention is under command, and his memory faithful; tests which we are bound to pronounce about as fallacious as could well be offered, and which could only apply to febrile delirium and mania. The pulse in mania averages about fifteen beats above that of health; that of the insane generally, including maniacs, only averages nine beats above the healthy standard: the pulse of melancholia

and monomania is not above the average. That a maniac would gambol from reproducing in the same words any statement he had made, is true enough in the acute forms of the disease ; but it is not so in numberless instances of chronic mania, nor in melancholia or partial insanity. The dramatic representations which are in vogue in some asylums prove the power of attention and memory preserved by many patients ; indeed, the possessor of the most brilliant memory we ever met with was a violent and mischievous maniac. He would quote page after page from the Greek, Latin, and French classics. The *Iliad*, and the best plays of Molière in particular, he seemed to have at his fingers' ends. In raving madness, however, the two symptoms referred to by Hamlet are as a rule present. The pulse is accelerated, and the attention is so distracted by thick-flowing fancies that an account can scarcely be given of the same matter in the same words. It is, therefore, to this form alone that the test of verbal memory applies.

The death of "the unseen good old man" Polonius, which Hamlet in his "lawless fit" and "brainish apprehension" had effected, adds to the alarm of the King, already excited by the "pranks too broad to bear with" of the play. The courtiers and the Queen do not seem to have inquired how it was that the King was so marvellously distempered with choler, wherefore he became so much offended with the catastrophe of the play. Like good courtiers, they accept his humour unquestioning. Now, however, the King has a good presentable excuse for alarm.

"O heavy deed !

It had been so with us, had we been there :

His liberty is full of threats to all ;

To you yourself, to us to every one.

Alas ! how shall this bloody deed be answer'd ?

It will be laid to us, whose providence

Should have kept short, restrain'd, and out of haunt,

This mad young man : but, so much was our love,

We would not understand what was most fit ;

But, like the owner of a foul disease,

To keep it from divulging, let it feed

Even on the pith of life."

From which it appears that the all-observing eye of the poet had noted the custom of the world to conceal the occurrence of insanity within the family circle, a custom which still prevails, and from which much evil is wrought. To keep secret the existence of this dreaded malady, the relatives of an insane person oftentimes postpone all effectual treat-

ment until the time of its usefulness is past ; and they forego measures of security until some terrible calamity results. Accepting the ignorant and wicked opinion that disease of the brain is disgraceful, they give grounds to others for holding this opinion, by the sacrifices they are willing to make, that the existence of insanity in the family may be concealed. They not only sacrifice to this the safety of the public, but that of the patient himself with his present comfort and the probable means of restoration. From motives variously compounded of selfishness and ignorance, they ignore the two great facts in the treatment of insanity that it must be early, and that it must be conducted in scenes remote from those influences in which it has its origin. Under a real or assumed regard for the feelings of the unhappy patients they retain them at homes which may once have been happy, but which now have become places of moral torture, where every look inflicts a wound, every word probes a sore. When the patient is removed to fresh scenes, and to that skilfully arranged repose of the excited mental functions, which is provided by judicious treatment, the misery inflicted by the disease abates, even as the anguish of a broken limb is allayed by simple rest and well-arranged position. If all asylums for the educated and the wealthy were what they ought to be, or even what asylums for the poor actually are, the detention of the insane, amidst the moral miseries of home, would be utterly inexcusable. At present it has the excuse of prejudice, and of fear that the family interest may be injured.

In the following scene with Rosencrantz, Guildenstern, and the King, Hamlet is again in his most antic disposition of mind. His sarcastic irony to his two old school-fellows, whom he now trusts as he would adders fanged, is more directly insulting than before. They are sponges that soak up the King's countenance, the ape's first morsel, first mouthed, last swallowed. Still he throws a thicker cloak of counterfeit unreason over his sarcasm than he has done before. His replies,

"The body is with the king, but the king is not with the body. The king is nothing."

"A thing or nothing ; bring me to him. Hide fox, and all after ;"

his answers to the King, "Farewell, dear mother," "My mother : Father and mother is man and wife ; man and wife is one flesh ; and so, my mother"—are fairly on a par in unreasoning suggestiveness with his reply to Polonius. "For if the sun breed maggots," &c. These mad absurdities are never altogether meaningless, and never altogether foreign to

the natural train of his own thoughts. The description of Polonius at supper, "not where he eats, but where he is eaten," is the foreshadowing idea of the serious and earnest meditations on the mutability of matter in which he indulges over the church-yard skulls. "A man may fish with a worm that hath eat of a king; and eat of the fish that hath fed of that worm." And thus, "A king may go a progress," &c. 'Tis the very same speculation as that so seriously expressed to his friend.

"To what base uses we may return, Horatio! Why may not imagination trace the noble dust of Alexander, till he find it stopping a bung-hole?"

This is the philosophy he had learnt at Wittenburg, and which he toyed with to the last. He had learnt, indeed, its inadequacy to explain all things by sights which make

"us fools of nature,

So horribly to shake our disposition,

With thoughts beyond the reaches of our souls."

He had been compelled to acknowledge that there "are more things in heaven and earth than are dreamt of" in this philosophy. Still this form of speculation was the habit of the mind, and whether in antic disposition of madness, or in earnest converse with his friend it is found his frequent topic. Might not this habit of dwelling upon the material laws to which our flesh is subject, have been resorted to as a kind of antidote to those "thoughts beyond the reaches of the soul," to which his father's apparition had given rise,—his father, whose "bones had burst their cerements," whose sepulchre had ope'd its ponderous jaws to cast him up again. Was not this materialist speculation a struggle against these thoughts, and akin to the unconscious protest against the Ghost, that beyond the grave is

"The undiscover'd country, from whose bourn

No traveller returns."

Alas for Hamlet! What with his material philosophy and his spiritual experiences, there was contention enough in that region of the intellect which abuts upon veneration to unhinge the soundest judgment; let alone the grief, and shame, and just anger, of which his uncle's crimes and his mother's frailty were the more than sufficient cause, in so sensitive a mind.

In the following scene with the captain of the army of Fortinbras, we have a comment upon the folly of useless war, and an occasion for another fine motive-weighting soliloquy; like the prayer scene, useless indeed to the progress of the

piece, but exquisite in itself. Never does Shakespeare seem to have found a character so suited to give noble utterance to his own most profound meditations as in Hamlet. It is on this account that we unconsciously personify Shakespeare in this character, as we personify Byron in Childe Harold, or Sterne in Yorick, and, may we not add, Goëthe in Faust.

The soliloquy, "How all things do inform against me," marks a state of inclination to act, in advance of that manifested in the soliloquy beginning, "Oh, what a peasant slave am I!" but still not screwed up to the sticking point of resolve. The gross example of soldiers, who "for a fantasy, and trick of fame," are so lavish of life and limb, places before Hamlet, in the strongest light, his own craven scruples, and, as he chuses to say, his apprehension of results. But on this point he does not do himself justice. His personal courage is of the most undaunted temper. In his first interview with the Ghost, he does not set his "life at a pin's fee;" and the independent evidence of Fortinbras testifies to his high promise as a soldier. It is not the lack of courage, but the inability to carry the excitements of his reason and his blood, into an act so repugnant to his nature as the assassination of his uncle, that yet withholds his hand; and although he concludes,

"O, from this time forth,

My thoughts be bloody, or be nothing worth!"

he leaves his purpose unfulfilled, and allows himself to be sent out of the country; a proceeding likely to postpone his revenge indefinitely, or to defeat it altogether; and it is not until he discovers the King's villainous plot against his own life, that he determines to "quit him with this arm."

There is an inconsistency in the reasoning of the first part of this soliloquy, which leads us to surmise that after the words "to rust in us unused," a sentence has been lost. Hamlet is fully aware that his meditative tendency is excessive; that his reason is so far from being unused that it is overstrong for his active powers, and turns aside the current of his enterprise. He is therefore not likely to censure himself for allowing his reason to rust in him unused; especially as he immediately afterwards objects to the impediment to action he finds in a too vigilant forethought. The train of argument appears to have been, that memory and forethought, the godlike qualities of reason, were not given man to rust in him unused, neither were they given to abuse, or one to be used to the exclusion of the other; yet either through too slight an appreciation of his wrongs and duties, or through

dwelling with too much forethought upon the probable results of action, he still delays to do that which is to be done. As the text stands, the sentence "Since he that made us," &c., is inapplicable to Hamlet, and contradictory to his own expressed opinion of his mental state, and opposed to all we know of it ; since the only inference which can be drawn from it is, that he condemns himself for allowing his reason to rust in him unused, which of all men he did not do. The sentence must rather have been a justification of the use of his reason in forethought ; but to make this apparent, and to connect the sense with the fault he immediately finds with himself on the very point of excessive use of forethought, requires an additional sentence, which may have been omitted or lost.

The colloquy with the grave-digger and Horatio in the church-yard affords abundant proof that the biting satire and quaintness of thought, which have been accepted as the antic garb of Hamlet's mind, are quite natural to him when he is playing no part. The opening observation on the influence of custom is a favourite theme with him. When he wishes to wring his mother's heart, he is apprehensive whether

"damned custom has not braz'd it so,
That it is proof and bulwark against sense."

And when he dissuades her from her incestuous intercourse, he says :

"That monster, custom, who all sense doth eat,
Of habit's devil, is angel yet in this ;
That to the use of actions fair and good
He likewise gives a frock, or livery,
That aptly is put on."

"For use alone can change the stamp of nature,
And either curb the devil, or throw him out,
With wondrous potency."

Custom, therefore, brazes the heart in vice ; custom fortifies the body in habits of virtue ; it also blunts the sensibilities of the mind ; so that grave-making becomes "a property of easiness."

"*Ham.* 'Tis even so : the hand of little employment hath the daintier sense."

This, however, is but half truth. The "hand of little employment" hath not always "the daintier sense" in use. Does custom blunt the fingers of a watchmaker, the eyes of a printer, or the auditory nerve of a musician ? Did the grave-digger do his own sombre work with less skill because he had been accustomed to it for thirty years ? Custom

blunts our sensations to those impressions which we do not attend to, and sharpens them to those which we do. Custom, in Hamlet himself, had sharpened the speculative faculties which he exercised, while it had dulled the active powers, which depend upon that resolution which he never practised.

Hamlet's comments upon the skulls,—upon the politicians, who could circumvent God,—on the courtiers, who praised my lord Such-a-one's horse when he meant to beg it,—on the lawyers, whose fine of fines is to have his fine pate full of fine dirt, and whose vouchers vouch him for no more of his purchases than the length and breadth of a pair of indentures,—are the quaint prosaic expression of his melancholy, his gloomy view of the nothingness of life, combined with his peculiar speculations upon death as the mere corruption of the body. He revolts at the idea of this ignoble life, as he thinks it, ending in annihilation, and he equally recoils at the idea that it may end in bad dreams. He thinks that if death is an eternal sleep, such an end of the ills of life is a consummation devoutly to be wished, but the fear that it is an eternal dream is unendurable. His fancy is too active to permit him to rush into an eternity of unknown consciousness. Like Prince Henry, in the *Spanish Student*, he feels,

“Rest! rest! O give me rest and peace!

The thought of life, that ne'er shall cease,

Has something in it like despair—

A weight I am too weak to bear.”

To return to his mother earth an unconscious clod seems his most earnest hope; yet when the offensive debris of mortality meets his eyes, such an ignoble termination of mental activity revolts both his sensibility and his reason. “Here's a fine revolution, if one had the trick to see't.” His bones ache to think on't. When he sees the skull of his old friend the jester, from whose companionship he may have derived much of his own skill in fence and play of words and poignancy of wit, his imagination is absolutely disgusted.

“Alas, poor Yorick!—I knew him, Horatio; a fellow of infinite jest, of most excellent fancy; he hath borne me on his back a thousand times; and now how abhorred in my imagination it is! my gorge rises at it. Here hung those lips that I have kissed I know not how oft. Where be your gibes now? your gambols? your songs? your flashes of merriment, that were wont to keep the table on a roar? Not one now, to mock your own grinning? quite chap-fallen? Now, get you to my lady's chamber, and tell her, let her paint an inch

thick, to this favour she must come ; make her laugh at that."

The grave-digger's jest that Hamlet's madness will not matter in England, since "'twill not be seen in him : there the men are as mad as he," is legitimate enough in the mouth of a foreigner, since for ages have the continentals jested upon the mad English, who hang themselves by scores every day, and who, in November especially, immolate themselves in hecatombs to the dun goddess of spleen. By this time the jest has somewhat lost its point. At least, it may be said that if the English furnish as many madmen as their neighbours, they are somewhat better acquainted with the means of ameliorating their sad condition. Madness, however, and suicide, are now known to be as prevalent in the great neighbour nation, whose own writers jest upon their universal diffusion.

All men are mad, writes Boileau, the grand distinction among them being the amount of skill employed in concealing the crack ; and if statistics prove anything with regard to suicides, it is that our once volatile neighbours have an unhappy advantage over us in that respect, both in numbers and variety. If it was ever a habit with us ; it has now become a fashion with them.

The funeral of Ophelia, and the bravery of her brother's grief, are the occasion of conduct in Hamlet which cannot be considered either that of a sane man or of a counterfeit madman. He acknowledges to his friend that he forgot himself, and that he was in a towering passion. The more probable explanation is, that the shock of Ophelia's death, made known to him so suddenly, strangely, and painfully, gave rise to an outburst of passionate excitement referrible to the latent unsoundness of his mind, and that the Queen's explanation of his conduct is the true one :

"This is mere madness :

And thus a while the fit will work on him ;

Anon, as patient as the female dove,

When that her golden couplets are disclos'd,

His silence will sit drooping."

It is indeed mere madness ; for why should a brother's phrase of sorrow over the grave of a sister, however exaggerated its expression, excite a sane lover to such rage,—the rage of passion, not of grief. A sane man would have been struck dumb by overwhelming grief, if he had thus accidentally met at the verge of the tomb the body of a mistress whom he devotedly loved, and whose stunted ritual betokened that with desperate hand she had foredone her own life. In

Hamlet's state of mind, the occurrence gives birth to rash conduct and vehement passion ; passion, be it remarked, not caused by the struggle in the grave, but by the bravery of the brother's grief.

Although after this scene Hamlet converses with thorough calmness with his self-possessed friend, there are passages which strongly indicate the morbid state of his mind. Speaking of his condition on ship-board, he says :

“ Sir, in my heart there was a kind of fighting,
That would not let me sleep : methought, I lay
Worse than the mutineers in the bilboes.”

And again, referring to his present feelings, he says : “ Thou would'st not think, how ill all's here about my heart ; but it's no matter.” “ It is but foolery ; but it is such a kind of gain-giving as would, perhaps, trouble a woman.”

Above all, if his conduct in the church-yard is not the result of morbidly violent emotion, uncontrolled by reason, what can we say of his own explanation :

“ Give me your pardon, sir : I have done you wrong ;
But pardon it, as you are a gentleman.
This presence knows, and you must needs have heard,
How I am punish'd with a sore distraction.
What I have done,
That might your nature, honour, and exception,
Roughly awake, I here proclaim was madness.
Was't Hamlet wrong'd Laertes ? Never, Hamlet :
If Hamlet from himself be ta'en away :
And, when he's not himself, does wrong Laertes,
Then Hamlet does it not, Hamlet denies it.
Who does it then ? His madness : If't be so,
Hamlet is of the faction that is wrong'd ;
His madness is poor Hamlet's enemy.
Sir, in this audience,
Let my disclaiming from a purpos'd evil
Free me so far in your most generous thoughts,
That I have shot my arrow o'er the house,
And hurt my brother.”

This reference to the random arrow shot madly o'er the house, may possibly have been taken from the play of Titus Andronicus.

Except the above brief reference to the inner wretchedness, which Horatio takes for an evil augury, Hamlet shews no disposition to melancholy after the rough incidents of his sea voyage. The practice of the King upon his own life appears

to have fixed his resolve : He'll wait till no further evil is hatched. He that hath

“ Thrown out his angle for my proper life,
And with such cozenage ; is't not perfect conscience,
To quit him with this arm ? and is't not to be damn'd,
To let this canker of our nature come
In further evil ? ”

Moreover, what there is to do he'll do quickly. The issue of the business in England, with Rosencrantz and Guildenstern, will quickly be known, but

“ the interim is mine ;

And a man's life's no more than to say, one.”

In this temper it would have been frivolous in him to have accepted the challenge of Laertes, were it not that he saw in it an opportunity to right himself with his old friend, by the image of whose cause he saw the portraiture of his own. It is after a seeming reconciliation thus obtained, that he determines to accept “ this brother's wager.” Might not also the challenge be accepted as likely to offer a good opportunity to meet the King, and “ quit him with his arm,” an opportunity which he now resolves to seize whenever it offers ? The sentiment of coming evil lends probability to the thought.

“ Not a whit, we defy augury ; there is a special providence in the fall of a sparrow. If it be now, 'tis not to come ; if it be not to come, it will be now : if it be not now, yet it will come : the readiness is all : since no man has aught of what he leaves, what is't to leave betimes ? ”

The final scene of indiscriminate slaughter, which, as Fortinbras thinks, would more become a battle-field than a palace, points the moral so obvious throughout the piece, that the end of action is not within the hands of the human agents. The blow which finally quits the King was fully deserved for his last act. His end has an accidental suddenness about it, which disappoints the expectation of judicial revenge. Like Laertes, he is a woodcock caught in his own spring. Retribution is left to the terrible future, whose mysteries have been partially unveiled ; and the mind, prepared by the revelations of the Ghost, accepts the death of the King but as the beginning of his quittance.

The death of Hamlet has been objected to, as cruel and needless ; but would it not rather have been cruel to have left him alive in this harsh world, drawing his breath in pain. Heart-broken, and in that half-mad state which is vastly more painful than developed insanity, what could he do here, after the one act for which he was bound to live had been accom-

plished. Had he survived, he must have sank into inert motiveless melancholy, or have struggled on in the still more painful state of contention between conscience and suicidal desire. To prevent a wounded name being left behind him, he can command his friend to "absent him from felicity awhile;" but for himself the best is the dark mantle of oblivion, the rest with hope which his friend so gracefully expresses :

"Now cracks a noble heart : Good night, sweet prince,
And flights of angels guard thee to thy rest !"

There is no attempted poetical justice in this bloody finale to the drama. The way of the world rather is followed in the indiscriminate mischief. Sweet Ophelia and noble Hamlet meet the same fate which attends the incestuous Queen, the villanous King, the passionate Laertes, and the well meaning Polonius. The vortex of crime draws down the innocent and the guilty ; the balance of desert being left for adjustment in the dark future. The intricacy of the action, and the unexpected nature of the events, are copied from life as closely as that marvellous delineation of motive and feeling which brings Hamlet so intimately home to the consciousness of reflective men. Those dramas in which we accurately foresee the event in the first act are as little like the reality of human life as a geometric problem is like a landscape. Granted that there is nothing like accident in human affairs, that if a special providence in the fall of a sparrow may be doubted, the subjection of the most trivial circumstances to general laws is beyond question ; still, in human affairs, the multiplicity and mutual interference of these laws is such, that it is utterly beyond human foresight to trace forward the thread of events with any certainty. In Hamlet this uncertainty is peculiarly manifested. Everything is traceable to causes, which operate, however, in a manner which the most astute forecaster of events could never have anticipated ; though, after their occurrence, it is easy enough to trace and name them, as Horatio promised to do.

"So shall you hear
Of carnal, bloody, and unnatural acts ;
Of accidental judgments, casual slaughters ;
Of deaths put on by cunning, and forc'd cause ;
And, in this upshot, purposes mistook
Fall'n on the inventor's heads ; and this can I
Truly deliver."

Although we arrive at the conviction that Hamlet is morbidly melancholic, and that the degree to which he puts on a part

is very small ; that, by eliminating a few hurling words, and the description which Ophelia gives of the state of his stockings, there is very little, either in his speech or conduct, which is truly feigned ; let us guard ourselves from conveying the erroneous impression that he is a veritable lunatic. He is a reasoning melancholiac, morbidly changed from his former state of thought, feeling, and conduct. He has "foregone all custom of exercise," and longs to commit suicide, but dares not. Yet, like the melancholiacs described by Burton, he is "of profound judgment in some things, excellent apprehensions, judicious, wise, and witty ; for melancholy advanceth men's conceits more than any humour whatever." He is in a state which thousands pass through without becoming truly insane, but which in hundreds does pass into actual madness. It is the state of incubation of disease, "in which his melancholy sits on brood," and which, according to the turn of events, or the constitution of the brain, may hatch insanity, or restored health.

There is an apparent inconsistency between the sombre melancholy of Hamlet's solitary thoughts and the jesting levity of his conversation, even when he seeks least to put on the guise of antic behaviour, an inconsistency apparent only, for in truth this gloomy reverie, which in solitude "runs darkling down the stream of fate," is thoroughly coherent in nature with the careless mocking spirit playing in derisive contempt with the foibles of others. The weeping and the mocking philosopher are not usually divided as of old, but are united in one ; the laughing sneer being bestowed on the vanity of human wishes as observed in the world around, the earnest tear being reserved for the more deeply felt miseries of our own destiny. The historian of melancholy himself was a double philosopher of this complexion. Deeply imbued with melancholy when his mental gaze was introverted, when employed upon others it was more mocking than serious, more minute than profound. Thence came the charming and learned gossip of the *Anatomy* ; thence also the curious habit recorded of him, that for days together he would sit on a post by the river side, listening and laughing at the oaths and jeers of the boatmen, and thus finding a strange solace from his own profound melancholy.

Here is his own evidence : "Humorous they (melancholiacs) are beyond measure ; sometimes profusely laughing, extraordinary merry, and then again weeping without a cause ; groaning, sighing, pensive, sad, almost distracted, restless in their thoughts and actions, continually meditating.

Velut ægri somnia, vanæ

Finguntur species ;

more like dreamers than men awake, they feign a company of antick fantastical conceits."

There is an intimate relationship between melancholy and humour. The fact is finely touched in the Yorick of Lawrence Sterne, and, what is more to the purpose, in the real history of many of the most celebrated humourists ; and the truth even descends to those humourists of action, theatrical clowns. Who has not heard the story of one of the most celebrated of these applying to a physician for the relief of profound melancholy, and being referred for a remedy to his own laughter-moving antics. Not that humour is always attended by any tinge or tendency to melancholy, as the plenitude of this faculty exhibited by jolly Sir John fully proves. Still there is this in common to the roystering humour of Falstaff, the melancholy humour of Jacques, and the sarcastic humour of Hamlet, that they have each a perverse ingenuity in contemplating the weakness and selfishness of human motive. Wit deals with ideas and their verbal representations ; humour with motives and emotions ; and that melancholy cast of thought which tends to exhibit our own motives in an unfavourable light, is apt to probe the motives of others with searching insight, and to represent them in those unexpected contrasts, and those true, but unusual colours which tickle the intelligence with their novelty and strangeness.

The character of Hamlet presents another contrast, which if not more obvious than the above, has at least attracted more attention, perhaps because he himself comments upon it, and because it is a main point upon which the drama turns. It is the contrast between his vivid intellectual activity, and the inertness of his conduct. To say that this depends upon a want of the power of will to transmute thought into action, is to do no more than to change one formula of words into another. There must be some better explanation for the unquestionable fact that one man of great intellectual vigour becomes a thinker only, and another a man of vehement action ; one man a mute inglorious Milton, another a village Hampden, or even a Cæsar or Napoleon. That activity of intellect is in itself adverse to decisiveness of conduct, is abundantly contradicted by biography ; that activity of intellect may exist with the utmost powerlessness, or even perversity of conduct is equally proved by the well-known biographies of many men, "who never said a foolish thing, and never did a

wise one." The essential difference of men who are content to rest in thought, and those who transmute it into action, appears not to consist in the presence or absence of that fabulous function, that unknown quantity of the mind called *will* ; but in the presence or absence of clearly defined and strongly-felt *desire*, and in that power of movement which can only be derived from the exercise of power, that is from the habit of action. It is conceivable, as Sir James Mackintosh has well pointed out, that an intellectual being might exist examining all things, comparing all things, knowing all things, but desiring and doing nothing. It is equally conceivable that a being might exist with two strong desires, so equally poised that the result should be complete neutralization of each other, and a state of inaction as if no emotional spring to conduct whatever existed. Hence, inaction may arise, from want of desire, or from equipoise of desire.

It is, moreover, conceivable that an intellectual being might exist in whom desires were neither absent nor equipoised, but in whom the habit of putting desires into action had never been formed. We are indeed so constituted, that clearly formed desires tend naturally to transmute themselves into action, and the idea of a being at once intellectual and emotional, in whom circumstances have entirely prevented the development of the habit of action, has more the character of a metaphysical speculation than of a possible reality. Still the immense influence of habit upon the power of action is unquestionable, and the want of this habit appears to have been one chief cause of Hamlet's inert and dilatory conduct, and of the contention between that meditative cast of thought, which he in vain strove to screw up to the point of action, and the desire to discharge that repulsive duty which his uncle's villanies had laid upon him. That the time was out of joint would have been for him a subject of painful reflection only, but for the accursed spite which had laid it upon him to set it right, and which was the cause of that fierce moral strife between duty and disposition, which forms the innermost web of the piece. The rash execution of an unpremeditated action is entirely consistent with this sensitive motive-weighting inability to act upon mature resolve. The least resolute men are often the most rash ; as quick spasm in feeble muscles is substituted for healthy, regular, and prolonged exertion. Hamlet praises rashness in the instance in which it served him, but he would scarcely have been able to have done so when it led him to slay Polonius in mistake for the King ; and the incidents of the drama, no more than the incidents of real life, justify us

in rough-hewing our purposes with rashness, though the Divinity may shape the ends even of our most politic arrangements.

This reasoning melancholiac, disgusted with the world, and especially disgusted with the repulsive duty which a hard fate has laid upon him, is not less different to the Hamlet of the past, to him who had been

“The expectancy and rose of the fair state,”
to him, who as a soldier,

“was likely, had he been put on,

To have proved most royally,”

than he is the good feeble young gentleman whom Goëthe describes, and whose “mind is too feeble for the accomplishment” of “the great action imposed as a duty.” “Here is an oak planted in a vase ; proper only to receive the most delicate flowers. The roots strike out, the vessel flies to pieces. A pure noble highly moral disposition, but without that energy of soul which constitutes a hero, sinks under a load which it can neither support nor abandon altogether.” “Observe how he shifts, hesitates, advances, and recedes !” Goëthe’s simile however, beautiful though it be, appears to halt on both feet, for the great action, which is the oak, does not strike out its roots, does not increase in magnitude or responsibility ; nor does the Prince deserve to be compared to a vase, senseless and inert, which cannot expand or “shift ;” and, moreover, it is not the greatness of the action which is above the energy of his soul, but the nature of it, which is repulsive to its nobility. If Hamlet must be compared to a vase, let it not be to a flower-pot, but to that kingly drinking cup, whose property it was to fly to pieces when poison was poured into it.

In addition to the above, there are other causes of turmoil in Hamlet’s mind less plainly stated, but traceable enough throughout the piece. One of these is the contention between his religious sentiments and his sceptical philosophy. His mind constantly wavers between belief and unbelief ; between confidence in an overruling Providence, who shapes all our ends to wise purposes, and even permits its angels and ministers of grace to attend unseen on our hours of trial ; between this reverential faith and that scepticism which sees in man but so much animated dust, and looks upon death as annihilation. The pain of this same doubt has been finely expressed by him whom future centuries will regard as the great lyric of the nation, even as Shakespeare is for aye its great dramatist :

"I trust I have not wasted breath :
 I think we are not wholly brain,
 Magnetic mockeries ; not in vain,
 Like Paul with beasts, I fought with Death :
 Not only cunning casts in clay :
 Let Science prove we are, and then
 What matters Science unto men—
 At least, to me ? I would not stay."

"And he, shall he
 Who loved, who suffered countless ills,
 Who battled for the true and just,
 Be blown about the desert dust,
 Or sealed within the iron hills?"

Indeed, the manifold points of resemblance between Hamlet and In Memoriam are remarkable. In each the great questions of eternal interest are debated by a mind to whom profound grief makes this world a sterile promontory. The unknowable future absorbs all interest. The lyric bard, however fights his way to more light than the dramatist attains. The fear of annihilation oppresses, but does not conquer him. He rebukes Lazarus for holding his peace on that which afflicts the doubting soul, but for himself he fights his way to faith.

"He fought his doubts, and gathered strength ;
 He would not make his judgment blind ;
 He faced the spectres of the mind,
 And laid them."

It is not easy to estimate the amount of emotional disturbance for which Love is answerable in Hamlet's mind. Probably, if other matters had gone well with him, Ophelia's forced unkindness would easily have been seen through and overcome ; but, with a mind pre-occupied with the dread mission of his father's revenge, it is likely that he would not question the earnestness of Ophelia's rejection, and that "to the pangs of despised love," he might well attribute one of the most poignant ills that flesh is heir to. His demeanour to Ophelia, when he first puts on his antic disposition, and which she so graphically describes, not less than his own avowal at her grave, that "twenty thousand brothers could not make up his sum of love," point to the existence not of "trivial fond records," but of a passion for her, both deep and constant ; a passion thrust rudely into the background indeed, but not extinguished, or even weakened, by the more urgent emotion of revenge for his father, of shame for his mother, of scorn and hatred for his uncle. The character of Hamlet

would have been incomplete if the element of love had been forgotten in its composition. Harshly as he may seem to treat his mistress, this element adds a warm sienna tint to the portraiture, without which it would have been not only cold and hard, but less true to the nature of the melancholy sensitive being delineated.

There is little trace of ambition in his character ; for, although he makes the King's having stepped between the election and his hopes one of the list of his injuries, his comments upon the manner in which this was done savour rather of contempt for his uncle's ignoble means of success, for the manner in which he filched the crown, and was "a cutpurse of the empire and the rule," rather than of any profound disappointment that the election had not fallen upon himself. Indeed, this character has been painted in dimensions far exceeding those of the sceptred rulers of the earth. Ambition would have dwarfed him to the type of a class ; he stands forth the mighty poetical type of the race.

It is this universal humanity of the character which lies at the root of its wonderful reality and familiarity. Hamlet seems known to us like an old friend. "This is that Hamlet the Dane," says Hazlitt, "whom we read of in our youth, and whom we seem almost to remember in our after years." "Hamlet is a name : his speeches and sayings but the idle coinage of the poet's brain. What, then, are they not real ? They are as real as our own thoughts. Their reality is in the reader's mind. It is *we* who are Hamlet. This play has a prophetic truth which is above that of history." Are we then wrong in treating Hamlet as a reality, and in debating the state of his mind with more care than we would choose to bestow upon the insane vagaries of an Emperor Paul, or a Frederick the First ? Have we not more sure data upon which to exercise judgment than upon the uncertain truth of history ? Buckle, in his *History of Civilization* has elaborately argued the madness of Burke ; a domestic grief, a change of temper, and, above all, a change of political opinions from those which the historian thinks true, to those which he thinks false, being held sufficient to establish the confirmed insanity of the great statesman. Those who read the ingenious argument will feel convinced, at least, of this, that history rarely or never leaves grounds relative enough to solve such a question. Nay, when we are close upon the footsteps of a man's life, when the question is not one of learned trifling, like that of the insanity of Socrates, but the practical one of whether a man just dead was competent to devise his pro-

perty, when his papers and letters are ransacked, his daily life minutely examined, when scores of men who knew him intimately, bear testimony to their knowledge, we often find the balance of probability so even, that it is impossible to say to which side it inclines, and the feelings of the jury as often as not fabricate the will. But when the great mind of mind speaks out as in Hamlet, it is not so. Then it is as in the justice of Heaven, then the "action lies in its true nature," which neither ignorance can hide nor sophistry pervert.

It is by this great faculty that Shakespeare unfolds to our view the book of the mind, and shews alike its fairest and most blotted pages, and leaves in us athirst not for more light, but for more power to read.

If familiarity and fellow-feeling compel us at one time to regard Hamlet as a reality, reflection and curious admiration compel us at others to wonder at it, as a work of man's creative power; and it has ever been to us a question of intense interest to speculate upon the manner it was worked out. There appears this great distinction between Hamlet and all other characters of Shakespeare, in which real or feigned insanity is represented, that, while they are evidently all drawn from the life, it could scarcely have been drawn from observation. Ophelia, for instance, is the very type of a class of cases by no means uncommon. Every mental physician of moderately extensive experience must have seen many Ophelias. It is a copy from nature, after the fashion of the pre-Raphaelite school, in which the veins of the leaves are painted. Hamlet however is not pre-Raphaelite, but Raphaelite; like the Transfiguration, it is a glorious reflex from the mind of the author, but not a copy of aught which may be seen by other eyes. It is drawn, indeed, in accordance with the truth of nature, just as Raphael made use of anatomical knowledge in painting the Transfiguration; but there is something beyond and above that which any external observation can supply. From whence did this come? Without doubt, from within. Shakespeare has here described a broad phase of his own mind; has reflected the *nadir* of his own great soul; has set up a glass in which the ages will read the inmost part of him; how he thought of death and suicide; how he now he doubted of the future, and felt of the present,

"That this huge state presenteth nought but shows,"
how he looked inwards until fair nature became dark, and spun

"A veil of thought, to hide him from the sun."

Hallam, the most learned and just of English critics, has

recognised this inner reflection of the soul in this and some others of the great bard's sombre characters.

"There seems to have been a period of Shakespeare's life when his heart was ill at ease, and ill-content with the world or his own conscience; the memory of hours misspent, the pang of affection misplaced or unrequited, the experience of man's worser nature, which intercourse with ill-chosen associates, by choice or circumstance, peculiarly teaches; these, as they sank down into the depths of his great mind, seem not only to have inspired into it the conception of Lear and Timon, but that of one primary character, the censurer of mankind. This type is first seen in the philosophic melancholy of Jacques, gazing with undiminished serenity, and with a gaiety of fancy, though not of manners, or the follies of the world. It assumes a graver cast in the exiled Duke of the same play, and next one rather more severe in the Duke of Measure for Measure. In all these, however, it is merely contemplative philosophy. In Hamlet this is mingled with the impulses of a perturbed heart, under the pressure of extraordinary circumstances; it shines no longer as in the former characters, with a steady light, but plays in fitful corruscations, amid feigned gaiety and extravagance. In Lear it is the flash of sudden inspiration across the incongruous imagery of madness; in Timon it is obscured by the exaggerations of misanthropy.

However true this may be in the main, we can scarcely agree to recognise any part of our own ideal of Shakespeare's individuality in any of these characters, except in Hamlet and in Jacques. Doubtless there was melancholy and cynicism enough in the great bard, but there could have been no real misanthropy, no mad fury, no stern congelation of feeling, as in Timon, Lear, and the Duke; nor is there any of these in Hamlet or Jacques, or in the real heart history as it is written in the Sonnets.

That Shakespeare should have written Hamlet and the Sonnets, that Tennyson should have written *In Memoriam*, that Goëthe should have said of himself that "Some God gave him the power to paint what he suffered," is proof that none can reach the Heaven-kissing pinnacles of poetic fame but by undergoing, not only the sweat and toil of the laborious ascent, but also by passing through dark valleys, and dismal chasms, and over the edge of sheer precipices, and by enduring many dangers and many falls.

J. C. B.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

Official Report of the Proceedings.

The Annual Meeting for 1858 of the Association was held in the University Buildings, Edinburgh, on the 28th July. Dr. CONOLLY, D.C.L., President.

Both the morning and afternoon meetings were fully attended by the members of the Association, and also by many of the distinguished ornaments of the profession in Edinburgh. Among those present were Professor Alison, Professor Simpson, Professor Laycock, Professor Bennett, Dr. W. A. F. Browne and Dr. Cox, (Commissioners in Lunacy for Scotland,) Dr. Conolly, Dr. Forbes Winslow, Dr. Bucknill, Dr. Lockhart Robertson, Dr. Stevens, Dr. Harrington Tuke, Dr. Skae, Dr. Begbie, Dr. Lindsay, Dr. Robert Jamieson, Dr. Howden, Dr. Gilchrist, Dr. Hitchman, Dr. Wingett, Dr. Davey, Sir Alexander Morrison, Dr. Sherlock, Dr. Mackintosh, Dr. Donald Mackintosh, Booth Eddison, Esq., Dr. Rogan, Drs. Dickson (2), Dr. Stewart, Dr. Lees, Dr. Grierson, Dr. Armstrong, Dr. Paul, Dr. Brodie, Dr. Stilwell, Dr. Seaton, J. Cornwall, Esq., Dr. Lowe, Drs. Smith (2), Dr. Lorimer, Dr. de Saycale (Nice), Dr. Aitkin, J. Yearsley, Esq., J. Bartlett, Esq., F. Flower, Esq., P. Cartwright, Esq., Dr. Cossar, Rev. F. L. Robertson, &c., &c., &c. The morning meeting was in one of the class rooms of the University, which was so crowded by visitors that the delivery of Dr. Conolly's address was arranged to take place in one of the lecture rooms.

The morning meeting commenced at 11 o'clock; Dr. FORBES WINSLOW, the retiring President, in the chair.

MINUTES OF PREVIOUS MEETING.

The minutes of the annual meeting in London, 1857, were taken as read, and confirmed.

ELECTION OF NEW MEMBERS.

Honorary Member.

Dr. BUCKNILL said he had great pleasure in proposing that Dr. W. A. F. Browne, Commissioner in Lunacy for Scotland, should be elected an Honorary Member of the Association; and also that the thanks of the Association should be given to Dr. Browne for the great services he had conferred on the Association for many years past, in the capacity of Scotch Secretary. Dr. Browne had been an earnest and most zealous member of the Association, and it was with peculiar pleasure that they saw him elevated to the important office which he now filled, and which rendered it needful that he should resign the post of Scotch Secretary to the Association.

Dr. LOCKHART ROBERTSON, in seconding the resolution, referred to his long and intimate acquaintance with Dr. Browne, his early teacher in the science of psychology, and to the unqualified pleasure with which he regarded Dr. Browne's elevation to the office of Commissioner in Lunacy for Scotland. The resolution was carried unanimously.

Ordinary Members.

The following gentlemen were elected ordinary members of the Association :—

BRYAN, DR. EDWARD, M.S. Cambridge Co. Asy.

BULL, DR., Cork.

BURGESS, DR., Norwood, Surrey.

BUSHNAN, DR. STEVENSON, Laverstock House, Salisbury.

DARTNELL, DR., Arden House, Henley-in-Arden.

DELANEY, DR., M.S. Dist. Asy., Kilkenny.

EATON, R., Esq., Co. Asy., Stafford.

GILCHRIST, DR., M.S. Crichton Institution, Dumfries.

JAMIESON, DR. ROBERT, M.S. Roy. Lun. Asy., Aberdeen.

KNIGHT, DR., V.P. Co. Asy., Stafford.

LALOR, DR., Richmond Dist. Asy., Dublin.

LAW, DR. L., Central Asy., Dublin.

LEWIS, H., Esq., Co. Asy., Chester.

LOWE, DR., Saughton Hill, Edinburgh.

MACMUNN, DR., Dist. Asy., Sligo.

MALCOLM, DR., V.P., Roy. Asy., Perth.

MAUDSLEY, DR. HY., Co. Asy., Essex.

MEYER, DR., M.S. Surrey Asy., Wandsworth.

MILLER, DR., V.P. St. Thomas Hospital, Exeter.

MORRIS, J., Esq., Peckham Ho. Asy., London.

PALEY, DR. E., 39, Arlington Street, Mornington Crescent.

PHILLIPS, E. T., Esq., M.S., Pembroke Co. Asy., Haverford West.

RAE, JAS., Esq., Naval Asy., Haslar.

ROBINSON, DR., Eldon Sq., Newcastle-on-Tyne.

SHEPPARD, DR. E., 10, Hanover Terrace, Regents Park

SKAE, DR., M.S. Roy. Asy., Edinburgh.

SIBBALD, DR., Roy. Asy., Edinburgh.

SMITH, DR. R., Bath-lane, Newcastle-on-Tyne.

SMITH, DR., Saughton Hall, Edinburgh.

WHITE, DR., V.P. Dist. Asy., Derry.

RETIRING PRESIDENT'S ADDRESS.

Dr. FORBES WINSLOW in retiring from the office of president, to which he had been elected at Derby, in 1857, and which he has filled with satisfaction to the Association, addressed the meeting in the following terms:—

Before proceeding to the consideration of the special subject of my address, and resigning into the hands of my illustrious successor the distinguished office with which you honoured me when we met in 1857 at Derby, I would beg to congratulate you on our holding this year our usual annual meeting in this justly renowned and beautiful city. I cannot conceal from you the great pleasure and gratification which I feel individually, and in which I am sure you all participate, in having this opportunity of meeting, on their own native soil, not only the members of this, but of the British Medical Association residing north of the Tweed, and of having the privilege of renewing acquaintance with the many distinguished and honoured members of our profession living in this illustrious and far-famed seat of learning. I do not consider that we sufficiently appreciate in England the immense influence which the Edinburgh, and in fact the whole Scotch schools of medicine, have exercised over the destinies of our profession. Until the establishment, within the last thirty years, of three or four great seminaries of medical instruction in England, we were almost entirely indebted to Scotland for the medical education of our youth. Nearly all the celebrated English physicians, and many of our distinguished surgeons, undoubtedly acquired in this city and in this country the knowledge which enabled them afterwards

to occupy positions of great eminence in our own country. Let us admit with gratitude the benefit which the Scotch schools of medicine have conferred upon our noble science. Let us never forget how much of the respect in which our professional body is held in all parts of the civilised globe, is mainly owing to the flood of light which has emanated from the men whose genius has made renowned and celebrated this great school of medicine.

The legislative settlement of the long-agitated question of medical reform is a significant fact in the history of modern medicine. It constitutes beyond all question one of the most important epochs within the memory of living medical men. Should not this be a subject for mutual rejoicing and congratulation? and ought we not to feel a debt of gratitude to her Majesty's Government, and particularly to its distinguished and illustrious chief, as well as Mr. Walpole, the Home Secretary, for the great services they have rendered to the medical profession throughout the United Kingdom? Incomplete and imperfect as the measure may be in some of its provisions, it nevertheless finally extinguishes many long-existing and gross medical anomalies. If it accomplishes no other good, it fully and liberally recognizes a perfect equality of practice throughout the United Kingdom. Hitherto, the physician who was considered competent to prescribe in Edinburgh, was held legally unqualified to do so in England. North of the Tweed, the eminent physicians of this country were held in the highest veneration and respect, being considered as able and sagacious practitioners. Once over the Border, their knowledge, talents, and practical medical sagacity, were ignored by the English corporate bodies! Thank God! this monstrous injustice is now at an end, and the powers of the London College of Physicians to interfere with the graduates of the Universities of Scotland has ceased to exist. Our able, worthy, and excellent friends connected with the University of Edinburgh, and the Royal College of Physicians of this city, may now legally practice their professions in England, without exposing themselves to the humiliation of being served with a summary process from the censors of the London College.

Mr. Tite, the member for Bath, having in a short speech during the present session of Parliament brought under the notice of the House of Commons the existing state of Chancery lunatics, with a view to the appointment of a committee to enquire into their condition, and having, on the suggestion of Government, withdrawn his notice of

motion on the promise that in the ensuing session the whole state of the law affecting the care and treatment of the insane would be made the subject of strict Parliamentary inquiry, and, if necessary, legislative interference, I don't think I can more usefully occupy the time of the Association than by calling its attention to what I conceive to be the right basis upon which all legislation regarding the insane should rest. This will open the question for the careful consideration of the Association, and will, I hope, justify the organization of an acting and of an active committee in London to watch the progress of future legislation on this important subject ; one of all others in which we are personally and collectively deeply interested.

After referring to the constitution of the Board of Commissioners, and expressing the opinion that in any future legislation on the subject of lunacy it would be desirable to define with more precision the precise legal powers of the Commissioners, in all cases of serious dispute between the proprietor of an asylum and the Commissioners of Lunacy, Dr. Winslow continued :

We cannot disguise from ourselves the fact that the section of the Lunacy Act relating to medical certificates is far from being in a satisfactory condition. There always has been a great outcry against the power which the law places in the hands of two qualified medical practitioners. *Prima facie*, there are undoubtedly grave objections to this clause. If we always could guarantee the respectability, the intelligence, and the practical experience of the members of the medical profession called upon to certify to the mental condition of a person prior to his being placed under restraint, no possible objection could be raised to the law as it at present exists ; but unfortunately it does occasionally happen that very incompetent men are called in to certify, and by doing so without sufficient ground or reason, serious odium is brought upon all persons associated with asylums for the treatment of the insane. The force of public opinion is beyond all doubt against this part of the legislative enactment ; and we had better, therefore, with a good grace, bow with submission to the *vox populi*, and consent in this particular to some modification of the law.

It has been proposed, with a view of obviating this difficulty, and bringing the Act of Parliament more in harmony with the force of public opinion, that a quasi judicial investigation should be instituted in every case previously to confinement. The Law Amendment Society suggested that

an enquiry similar to a commission of lunacy should take place prior to the exercise of restraint, and advised that no person should be removed to a lunatic asylum who had not been pronounced by a competent jury to be of unsound mind, and in a condition to justify this mode of treatment. I am sure I need not occupy your valuable time in pointing out the absurdity and impracticability of this suggestion.

With a view to the institution of a less exceptionable and incorruptible tribunal, it is proposed that a "Court of Commissioners of Insanity" should be formed, consisting of six or seven experienced men of high repute, who should be empowered to decide on the necessity of restraint in every case of alleged insanity. This court is to be delegated with the authority of examining the medical men who certify, upon oath, and, if necessary, seeing the person presumed to be insane, prior to his being placed under restraint. Were such a preliminary course necessary in order legally to confine the insane, I very much fear it would greatly add to the statistics of chronic and incurable insanity. I think it most unwise, injudicious, and impolitic to throw any very stringent or vexatious impediments or obstructions in the way of confining the insane. Sensible as all must be who practise in this department of medicine, the curative advantages which result from the immediate removal of cases of acute insanity from the associations of home to a well organized and humanely conducted institution for the treatment of morbid conditions of mind, it behoves us to sanction no alteration in the law that would obviously and seriously interfere with this important principle of treatment.

What is the alteration, it may be asked, that I would suggest to meet the difficulties referred to? The law at present requires that two qualified medical men should personally, and apart from any other practitioner, examine the patient and certify to the fact of insanity, specifying, at the same time, the facts upon which they have based their opinion. It has been proposed, with a view of altering the law and satisfying the requirements of public opinion, that, instead of two medical certificates, three or even four should be required in every case previously to the imposition of restraint, and that at least one or two of the certificates should bear the names of physicians of high character and of known repute and experience. I am bound, however, to confess, from what I personally know of the state of public feeling on this point, that even this great concession to the popular outcry would not be satisfactory. To meet the

objections raised, and to place this matter beyond all further cavil and dispute, I would suggest the appointment of educated, respectable, and experienced practitioners, delegated with *quasi*-judicial and magisterial functions, to be summoned for the purpose of countersigning the certificates of the medical men, thus sanctioning, if they thought proper, the proposed measure of confinement. These Inspectors of Lunacy, or medico-legal jurists, might be appointed to preside over certain districts in the metropolis as well as in the provinces. Being unconnected with and unknown to the relations and friends of the patient, and strictly independent of the medical men called in by the family to certify to the fact of insanity, I feel assured that the signatures of gentlemen holding such independent official appointments would relieve the public mind of all undue anxiety relative to the unjust confinement of persons alleged to be insane. I think, also, it would be considered as a boon to the medical men certifying to the fact of insanity, as well as to the family of the invalid, by placing their conduct in the matter beyond all doubt and suspicion.

There are one or two other points in connection with the medical certificates to which I would beg to call the attention of the Association. Having dwelt upon the importance of adopting efficient measures of protecting the alleged lunatic from unjust confinement and detention in an asylum, I would suggest that in some cases of mental disorder, and mental disorder of such a kind and degree as to justify residence in an asylum or private house, the certificate of insanity should, under specific and peculiar circumstances, be altogether dispensed with. In the existing state of the law no person alleged to be of unsound mind can be placed under medical, moral, or general supervision in an asylum, or in a private house or lodgings (the party keeping such house or lodgings receiving payment for the board and maintenance of such patient), without two certificates of insanity. The Act of Parliament makes it also imperative on the part of the person admitting such patient into his private dwelling to make an official return to the Commissioners in Lunacy of the fact, accompanying such representation with a copy of the certificates and order upon which he was admitted.

In common with many medical men engaged in the treatment of the insane, I viewed this provision of the Lunacy Act as an obvious and important improvement upon the previously existing statute. I consider, however, it now to

be my duty to state that I have seen good reasons for modifying my opinion of this section of the Act of Parliament. I think the law with regard to confinement of persons in private lodgings and in unlicensed houses to be too stringent in its operation. There is a vast amount of incipient insanity and morbid conditions of mind connected with obscure brain disease that require, with a view to the adoption of efficient medical curative treatment, to be removed temporarily from the irritation and excitement often necessarily incidental to a continuance among relations and friends. In many of these cases no progress towards recovery can be made until the patient is taken from home, and ceases for a time to be a free agent. Under kind and skilful treatment these patients rapidly recover; but in order to effect so desirable a consummation, it is essential that they should be placed among strangers and under judicious control. Is it not unwise, I would ask, that the law should make it imperative that this class of mental invalids should be formally certified to be insane, and registered as such at the office of the Commissioners in Lunacy? The fact of a patient being placed under temporary restraint while suffering from an attack of transient mental aberration does not at all affect his social position should he recover and return home to his family; but the position of this patient would be materially altered if he has been certified to have been insane, and visited as such by the gentlemen appointed by the Act of Parliament to examine all persons legally confined as lunatics.

I am quite satisfied that there are many patients who are kept at home under great disadvantages, as far as the question of recovery is concerned, in consequence of this stringent provision of the law. So great is the horror which some sensitive persons exhibit at the bare mention of a certificate of lunacy, that they have confessed a determination, rather than submit to what they conceived to be a seriously damaging stigma, to abandon all idea of bringing those near and dear to them within the range of remedial measures! Could not some modification of the law be suggested to meet this class of cases? Would not the public be sufficiently protected from the improper interference of their friends and relations if any person admitting such uncertified cases into his house or lodgings were compelled to make a return of the fact to the proper authorities—viz., the Commissioners in Lunacy, or to the district medical inspector, medical jurist, officer of mental health, or by what

other name it may be thought proper to designate these official personages? There are numerous cases that require for their own safety, as well as the security and happiness of others, to be sent from home in consequence of some apparently trifling mental infirmity. It is often essentially requisite that such persons should be placed under the control and supervision of strangers. In this type of case no kind of justification can be urged for having them certified as lunatics.

Again, I would suggest an alteration in the certificates required for the admission of private patients into licensed establishments for the treatment of the insane. It has often occurred to me, and I have no doubt to all officially associated with private asylums for patients conscious of their mental disorder, fully recognising the loss of self-control, bitterly bewailing being a prey to morbid impulses, to express a wish to be placed under restraint. I have known patients to drive up to the door of the asylum and beg to be received within its walls, being painfully and acutely conscious of the necessity of close supervision. Great have been the lamentations when they have been informed that they could not be admitted even for one night into the asylum without being certified by two medical men to be in an insane state of mind. I have known such persons take the printed form of admission, and go themselves to the medical men in the neighbourhood, and beg them to sign the legal certificate of insanity. Why should there not be some alteration of the legislative enactment to remedy this defect? If a person, recognising his morbid condition of mind, and anxious to subject his case to medical treatment, voluntarily offers to surrender his free agency into the hands of the medical head of a lunatic asylum, the law should not force him against his will to be formally certified and registered as a lunatic. In such cases I would compel the patient to sign, in the presence of a Justice of the Peace or Magistrate, a paper to the effect that he, in consequence of mental indisposition, freely, voluntarily, and without compulsion, places himself in a licensed asylum for the treatment of the insane. A copy of this document, with all the particulars of the case, should be transmitted to the Commissioners of Lunacy within a few hours of admission. If it were thought desirable for the protection of the public that these patients should go to the Commissioners themselves and obtain their authority for entering the asylum as patients uncertified to be insane, no possible objection can be raised to this course of procedure.

In all legislation on the subject of lunacy, it is most important to studiously avoid throwing any vexatious impediment in the way in bringing the insane as speedily as possible within the reach of curative agents. A full and liberal recognition of this great principle of treatment, is quite consistent with the adoption of very stringent means for the protection of the public against all unjust interference and confinement on the ground of insanity.

It was my intention before concluding this address to have called the attention of the Association to some other suggestions that have occurred to my mind relative to the state of the lunacy laws, not restricting my remarks to the Acts of Parliament which take special cognisance of the insane subject to restraint in licensed and unlicensed houses. I was anxious to make some remarks respecting the defective state of the law bearing upon cases of alleged mental unsoundness and incapacity, which so often come before our courts of law in the form of commissions of lunacy. I am of opinion that the law relating to these cases requires careful revision. At present no condition of mental incapacity is recognised by the jurists of this country apart from actual unsoundness of mind in its legal signification; and such a condition of the intellect must be established by evidence, before the Court of Chancery will appoint a guardian or a committee to administer to and protect the property of the person alleged to be of unsound mind, and thereby incapable of managing his own affairs. The writ *de lunatico* directed by the Court of Chancery to the masters in lunacy authorises these judicial functionaries to enquire into the insanity, idiocy, or lunacy, of A. or B.; and no type of case can be legally dealt with by the master which is not embraced within one of these three divisions. It is true that the modified and less offensive phrase, "unsoundness of mind" (which never yet has been satisfactorily defined by lawyers or physicians) is adopted during the proceedings preliminary to the issuing of the writ *de lunatico*, and at the time of the judicial inquiry; but if the party be declared to be of "unsound mind" either by the master or by the jury, he is in all subsequent proceedings designated as a "Chancery lunatic;" and in the eye of the law he is so considered, should he not recover, until the day of his death! But may not a person be quite incompetent to take care of himself and manage his property without being either insane or a lunatic, and would it not be a gross, unjustifiable, and cruel misapplication and perversion of language so to consider

and designate those who, either from cerebral disease, accidental cause, or premature decay of intellect, are reduced to this sad condition of physical and mental helplessness?

There is a vast body of persons in this state of infirm and enfeebled mind, who are entitled to, and who should have extended towards them, legal protection. Men in this state of quasi insanity contract foolish and improvident marriages; are facile in the hands of designing domestics and unprincipled knaves; they are persuaded to squander recklessly their property, large sums are often exacted from them; they are induced to make testamentary dispositions adverse to the claims of relationship and ties of consanguinity, and in conformity with the wishes and interests of those who have obtained improper and undue influence over the poor broken down and impaired intellect. To meet the exigencies of this numerous class of cases, there should be some short summary inexpensive mode of legal procedure, quite distinct in its character from ordinary commissions of lunacy. Persons so enfeebled in mind as to be palpably unfit for the management of their property might be placed under the guardianship or tutorship of one or two members of the family by some simple judicial process, without rendering it necessary that they should be formally declared to be of unsound mind by the judge, and registered as lunatics in the records of the Court of Chancery. Protect the property and persons of these unhappy individuals by the most stringent means that can be devised and concocted, but save them and their families from the social disadvantages that would result from their being declared to be insane. I feel satisfied that an alteration in the law similar to that I have suggested is imperatively demanded, and would, if carried into effect, be productive of a vast amount of good to the community.

Dr. CONOLLY, the President for the year, then took the chair vacated by Dr. Forbes Winslow, and briefly thanked the Association for the honour they had done him in electing him as their president.

On the motion of Dr. BUCKNILL, seconded by Dr. W. A. F. BROWNE, a vote of thanks was passed to Dr. Winslow for his services as president, and for the able and interesting paper he had just read.

ELECTION OF PRESIDENT AND PLACE OF MEETING FOR 1859.

Dr. WINSLOW said—Before passing to the ordinary business of the meeting, he believed that at that stage of the proceedings they were entitled to propose their future president, the successor of Dr. Conolly; and it was with very great satisfaction to himself that he begged to propose as the President of the Association for the following year Sir Charles Hastings, D.C.L., of Worcester. He made that proposition with great pleasure personally to himself; and he was sure in doing so he was only acting in unison with the wishes of the great body of the Association. The profession was greatly indebted to that gentleman for the exertions he had made to place their social relations upon a right and legitimate basis. No one not intimately connected with Sir Charles knew the amount of exertion he had expended on that great cause, regardless of all personal consideration and interests. Those who knew how much he was occupied by the exercise of his profession could well appreciate the amount of time which he had devoted to the consideration of the great question of medical reform. That question being now finally settled, and he hoped set at rest for many years to come, he thought that the Association would only be paying Sir Charles Hastings that compliment to which he was fully entitled, if they elected him as their future president. He moved accordingly.

Dr. HITCHMAN seconded the resolution, which was carried unanimously.

Sir CHARLES HASTINGS said he was really taken so completely by surprise, that he could scarcely say at that moment whether the numerous calls on his time would permit him to undertake the duties of this office. He fully appreciated the honour they wished to confer upon him, but he would like to consider the matter before coming to any decision. Would they allow him to ask where the meeting was to take place next year?

Dr. LOCKHART ROBERTSON believed the feeling of the members was very much in favour of London.

Dr. STEWART put forward a claim on behalf of Ireland, as entitled to a visit from the Association, and hoped the next meeting would be held in Dublin. It would create a stronger and closer bond of union between the members of the Association in the two countries.

Dr. SHERLOCK proposed that the meeting should be held at Worcester, where there was a large establishment well worthy of a visit. Worcester, also, was but a short distance from London.

Dr. FORBES WINSLOW said that perhaps as a metropolitan man he might appear to be unduly biassed in moving that the meeting should be in London ; but, apart entirely from any question of personal convenience, he thought as a principle it was most important that the Association should meet in some great city. They had tried meetings in the provinces, and had found that they led to very small gatherings ; and then, besides, there was not the same amount of influence exercised by the Association when it met in a rural district, as when it met in Edinburgh, or Dublin, or London.

Dr. BUCKNILL seconded Dr. Stewart's motion in favour of Dublin.

Dr. L. ROBERTSON seconded the motion for Worcester. He thought the great county asylums offered very great attractions to the members to visit them ; and it would be only an appropriate compliment to Sir Charles Hastings to meet at his own beautiful city, and so visit the Worcester County Asylum, presided over by his friend Dr. Sherlock, from whom he would venture to promise the Association a most hospitable welcome.

Dr. STEVENS said there was still a great deal to be done in altering the laws regarding the insane, and that could only be done properly in the metropolis, where the heads of the law were collected. It was very pleasant to meet in Edinburgh, and it would be so, no doubt, to meet in Dublin ; but these meetings led to comparatively no practical ends. He seconded the motion for London.

Mr. BOOTH EDDISON thought a good meeting might be had in Liverpool, where the British Medical Association were, he understood, to meet next year.

On a vote being taken, the numbers were as follows : for Liverpool, 1 ; Worcester, 4 ; London, 8 ; Dublin, 10. It was accordingly resolved to meet next year in Dublin.

Sir CHAS. HASTINGS, at the unanimously expressed desire of the meeting, accepted the presidency for 1859, and promised to attend and take the chair at the meeting in Dublin.

TREASURER'S ACCOUNTS.

In the absence of the Treasurer, Mr. Ley, Dr. LOCKHART ROBERTSON read the following statement of the accounts of the Association of Medical Officers of Asylums and Hospitals for the Insane, for the year 1857-8 :

Receipts and Expenditure for the year ending July 1, 1858.

RECEIPTS.			EXPENDITURE.		
	£	s. d.		£	s. d.
By Balance in the hands of the Treasurer, July, 1857 . . .	9	5 5	By Treasurer.		
By Balance in the hands of General Secretary . . .	5	10 6	1857. July. On account of Annual Meeting . . .	2	2 0
By Subscriptions and Donations received by Treasurer . . .	131	0 0	Oct. Postage Stamps . . .	0	10 0
By Subscriptions to Journal of Mental Science . . .	29	18 8	Nov. Asylum Journal, No. 22 . . .	29	1 10
By Subscriptions paid to Secretary for Ireland . . .	12	12 0	" " No. 23 . . .	40	0 1
By Subscriptions paid to General Secretary . . .	13	18 4	1858. Jan. 250 circulars (for Subscriptions) . . .	0	12 6
Total . . .	202	4 11	Mar. Asylum Journal, No. 24 . . .	30	15 7
By Expenditure . . .	148	2 3	" Lithograph for ditto . . .	1	16 6
Balance . . .	54	2 8	" Postage Stamps . . .	0	10 0
Being in the hands of Treasurer . . .	44	17 10	July. Asylum Journal, No. 25 . . .	32	4 9
" " Secretary . . .	9	4 10	Total . . .	137	13 3
			By Secretary for Ireland . . .	0	5 0
			By General Secretary . . .		
			Reporter at Annual Meeting . . .	6	0 0
			Circulars and Sundries . . .	4	4 0
				148	2 3

Audited and found correct.

D. C. CAMPBELL, }
HENRY STEVENS, } Auditors.

London, July 14, 1858.

Dr. ROBERTSON pointed out the satisfactory statement of Mr. Ley's accounts, by which it appeared that a balance of about £54 was in the hands of the treasurer, to meet the expenses of the current year.

Dr. ROBERTSON also alluded to the increasing circulation of the journal of the Association. The publishers had furnished him with a statement, by which it appeared that the sale in London of the two numbers for July and October, 1857, had realized £18 18s, and this was quite independent of the sale of the journal to the regular subscribers (non-members,) who were supplied direct from the printer in Exeter. He concluded by moving the adoption of the Treasurer's report, which was carried unanimously.

ELECTION OF OFFICE-BEARERS, 1858-9.

The following office-bearers for 1858-9, were unanimously elected :—

President—DR. CONOLLY, D.C.L., Hanwell.

President Elect—SIR CHARLES HASTINGS, D.C.L., Worcester.

Ex-President—DR. FORBES WINSLOW, D.C.L., London.

Treasurer—WM. LEY, Esq., M.S. Co. Asy., Oxford.

Auditors—DR. CAMPBELL, M.S. Co. Asy., Essex ;

DR. HARRINGTON TUKE, Manor House, Chiswick.

Hon. Secretary (General)—DR. LOCKHART ROBERTSON, M.S.

Co. Asy., Sussex (Hayward's Heath).

Hon. Secretary for Ireland—DR. STEWART, M.S. Dist. Asy.,
Belfast.

Hon. Secretary for Scotland—DR. WINGETT, M.S. Roy. Asy.,
Dundee.

Editor of Journal—DR. BUCKNILL, M.S. Co. Asy., Devon.

TITLE OF JOURNAL.

On the motion of Dr. HARRINGTON TUKE, seconded by Dr. W. A. F. BROWNE, the title of the *Journal* was altered by the omission of the word "Asylum," so as to stand "*Journal of Mental Science, &c., &c.*"

CONSTITUTION OF MANAGING COMMITTEE.

Dr. DAVEY then proposed certain alterations in the system of electing the office-bearers, by which he would give each individual member of the Association a more decided control in the matter. He referred to the system followed in the British Medical Association, the Bath and Bristol Association, the Gloucester Medical and Surgical Association, the Medical Society of London, the Harveian Society, &c., where lists of candidates to be proposed for vacant offices were previously sent round to all the members, who marked those who were approved of, and returned the lists. With certain modifications of details this was substantially the course taken in the societies he had mentioned; and he thought a similar system might with advantage be introduced into this Association.

After a long discussion it was resolved on the motion of SIR CHARLES HASTINGS, seconded by Dr. HARRINGTON TUKE, to refer the matter to a committee to report at next annual meeting; the Committee to consist of

DR. DAVEY.

DR. STEVENS.

DR. BUCKNILL.

BOOTH EDDISON, Esq.

DR. HARRINGTON TUKE.

JAMES CORNWALL, Esq.

DR. LOCKHART ROBERTSON.

DR. THURNAM.

The Association then adjourned till three o'clock, at which hour they resumed.

PRESIDENT'S ADDRESS.

Dr. CONOLLY, the President, then delivered the following address :—

I enter upon the office of President of this Association with much gratification, really rejoicing that the close of my life should be distinguished by the privilege of presiding, in a city endeared to me by all the recollections of a student, over an assembly of men whose pursuits are similar to my own, and whose minds have long been directed to some of the highest branches of professional inquiry, with a view of benefiting their fellow-creatures in the worst of all the woes incidental to our common nature. My only apprehension is, that the encroachments of time, since I first attained medical honours under this collegiate roof, thirty-seven years ago may have made deficiencies in my power of worthily and efficiently filling the office too perceptible.

But I am animated, and pardonably I trust you will think, by finding myself once more in this glorious city, of which the romantic beauty alone must well have repaid any of you, from whatever distance travelling, who never before visited Edinburgh, and to which the fame and memory of a long list of men distinguished in every department of philosophy and literature, and in every branch of the public service, have imparted a sort of hallowed character. Of this character it is honourable to our Scottish friends that they should feel proud; and they may be assured that there is not, in all our Association, nor in all the English part of our island, any educated person who has not learned to connect all ennobling thoughts with the names of their great men—of Buchanan, Robertson, Hume, Adam Smith, Dugald Stewart, Allan Ramsay, Robert Burns, Horner, Macaulay, John Wilson, the faithful depicter of the lights and shadows of Scottish life, and Walter Scott, whom we may almost call the William Shakespeare of Scotland. To this list of illustrious dead, names many in number may be justly added, even without the addition of those of men who gave, and continue to give, eminence to the medical school of Edinburgh. Among those yet living whose names I cannot resist mentioning on this occasion, one is George Combe, whose psychological writings, and their constant tendency to the improvement of education and the general regulation of human character, entitle him to our especial gratitude. Another name, that of HENRY BROUGHAM, is the name of one of the most extraordinary

men of our age, identified with Edinburgh as one of its most distinguished students, and whose early acquirements threw a glory over the college in which we are assembled. As a philosopher, a statesman and a man of science, he is known to us all. He is one whose mind has been indeed described, and without exaggeration, as encyclopædic. But his greatest praise is, that he has devoted a life, now extended to nearly four-score years, and all his vast influence, to the general improvement and advancement of mankind.

The names of the celebrated physicians of Scotland will, no doubt, be remembered by the larger and more general Medical Association, whose meetings will succeed ours. There are, however, two especial recollections in relation to them in which I feel that you will permit me to indulge. These are recollections entwined in my own heart, and in the hearts of several who hear me, with the grateful feelings due from students to preceptors whose lessons, in all the emergencies of professional and varied life, have been usefully remembered. We still honour the memory of Professor James Gregory, who filled the professional chair of medicine in our early days with so much dignity, and whose example taught us to regard and worship truth, and to scorn all the devices and disguises of quackery, and gave, as I believe, a character to the Edinburgh school that has never since left it, and which has even indirectly influenced the whole of the British medical theory and practice all over the world.

I need scarcely mention the second medical recollection, that of one still living among us ; so dear to all who know him is the name of Alison ; so universally recognised is his professional wisdom ; and so admirably—I could almost say, so divinely—are his intellectual qualities blended with the virtues which are the highest attributes of man, and without which mere intellectual gifts are deprived of half their value, and capable of evil as much as of good.

I must not trespass upon you further, even respecting these great men ; but I may add with perfect truth, that the Edinburgh school seems still to maintain its high position. And you already know that in our visit to this city we have still the advantage of meeting many of our professional brethren who are pre-eminently distinguished in every branch of medicine and surgery, and in the collateral sciences ; so that it is not only a gratification, but an honour to find ourselves moving about among them, and becoming personally acquainted with them.

When my thoughts turn towards the asylums for the

insane and their officers, in which our Association makes us more especially interested, I cannot but indulge in the recollection that it was after an accidental visit to the old Glasgow Lunatic Asylum, in 1818, (forty years since!) that I first became impressed with the importance of the study, and of the treatment of mental disorders. From that afternoon I was unconsciously devoted to the insane. After all the years that have since passed, I still look back with pleasure and with respectful admiration to that institution, to which the elegant and accomplished Dr. Cleghorn was then physician, but already far advanced in years. The old building has now long been replaced by a newer and larger, founded and built under the especial direction of the late Dr. Hutcheson, one of the kindest of men, and on the express principle that within its walls no mechanical restraint should ever be introduced. Seeing all that I have since seen, I still remember my walks with good Mr. Drury, the resident medical officer, in 1818 and 1819, through the free wards and pleasant courts of the old Glasgow Asylum!

Edinburgh had not at that time taken a high place as respected the arrangement of its asylums. That for the borough was in every respect wretched; and an asylum then existing at Morningside was rather jealously shut against inquiring students. We have now the satisfaction of associating the name of Morningside, and that of its physician, Dr. Skae, with all that is liberal, and cheerful, and salutary, in the management of the insane. With the character of the Crichton Institution, near Dumfries, that of Dr. Browne can never be disconnected; and the state of all the public asylums of Scotland seems to have been much modified by the example there for many years now presented. If certain defects still exist in Scotland as regards provision for the insane, we have the strongest assurance, in the experience and in the principles of the recently appointed Medical Commissioners, that in a few years not a trace of such defects will remain.

Gentlemen, I will not detain you much longer from the proper business of this meeting. Your assembling together, almost all of you from the scene of your daily labour, yet not for mere holiday or relaxation, but for useful conference and intercommunion, and to further the progress of whatever knowledge and practice may enlarge the means of relieving or removing the disorders of the mind, is most honourable to you. The former meetings of this Association, and the contents of the *Asylum Journal*, have sufficiently proved the liberal feelings by which you are animated, and the indepen-

dence of character by which you are distinguished. You have aided greatly, and now for several years, in advancing both the pathology and the treatment of mental disorders, and have ever shewn a wish to do justice to those who laboured before you, to do your own duty, and to point out what must probably still remain to be done when you can yourselves work no more.

Whatever may be your own ambition, you never fail to look back with grateful feelings to Pinel, who first struck fetters from the lunatic in Paris, when all the rest of the city was under the reign of terror. You respect the name of Esquirol, who followed in the same path, and to whom we are all deeply indebted. You never forget the founder of the York Retreat, but cherish his memory and that of his philanthropic brother, Samuel Tuke, as affectionately, as sacredly, as that of a parent. You acknowledge the great merit and inexhaustible patience of Dr. Charlesworth, through many long years at Lincoln, and the benevolence and energy of his younger colleague, Mr. Gardiner Hill, who brought his plans to completeness, and was the first to declare, boldly and without reservation, against all mechanical restraint. Let us thank the Author of our being—I hope I do so daily—that we have been permitted to follow in the track of great and good men, and that each of us, in his own sphere, has had the privilege of maintaining, of enlarging, of diffusing, and, let us hope, of for ever establishing the merciful principles by which those benefactors of the afflicted in mind will ever remain immortalised.

Still, gentlemen, let us be watchful. Let us carefully consider the point at which we have arrived, and not deceive ourselves as to the possibility of a retrograde motion as respects the treatment of lunatics and the management of asylums. I speak especially of asylums for pauper lunatics in England.

I shall not enter into details, too familiar, I fear, to many of you, which incline me to the opinion that there is a tendency to revert to former negligences. But I must say that I think the general government of our county asylums is evidently and highly defective, and more especially that of our large county asylums near the metropolis of England, to which the provincial asylums look for an example. The governing bodies of these institutions appear to me to entertain an unfortunate jealousy of those who could best assist them: they discourage and, as far as they can, repudiate the aid of the medical officers, and disregard their advice,

restricting their duties and their influence with an apparent want of discrimination between the requirements of the insane and those of mere paupers, or of prisoners in jails. The faults thus occasioned, and the caprices thus resulting, have sometimes been such as could never have been practised, if there had been any authority in the State to enforce proper attention being paid to the proper care and protection of the insane poor. One result of this kind of government of lunatic asylums will, I fear, be that the best educated men of our profession will be found less and less willing to devote themselves to duties which, although among the highest that can devolve upon medical men, are not appreciated. The inducements to devote themselves to the speciality of mental diseases, and to take the superintendence of large asylums, cannot but be lessened by the reflection that they will often be regarded by the governing bodies as little better than inconvenient appendages to the institutions to which they may be appointed. Men peculiarly qualified for the medical duties of asylums, by disposition and by education, are precisely the men to be most disheartened and pained by finding themselves so placed, and will gradually retire from duties not unwillingly transferred to persons of less sensibility, persons of the older school, who, having no claim to influence, will be content not to possess any. This will assuredly be a step in the direction of all the old negligences, and perhaps of all the old brutalities, and of all the old cruelties.

Those whose attention has not been especially attracted to asylum government will suspect me, perhaps, of exaggeration, if not of delusion, in this matter, concerning which I confess an extreme, but I think not an undue anxiety. But I would particularly request your serious attention to the enormities, I deeply regret to have to say, committing by the Visiting Magistrates of the county of Middlesex, who are enlarging their already far too large asylums, adding wing to wing, and story to story, and thus constantly accumulating impediments to any proper system being pursued in them. The works now in progress will make efficient inspection impossible, and leave the patients exposed to violences and accidents which, in turn, will become the pretexts for the revival of strait-waistcoats, and straps, and chains, and gags, and all the horrors of times thought to have gone by.

The mere accumulation of people contemplated in these buildings, who are to be crowded together from underground basement to roof, will be disgraceful to England in this age, even in a sanitary point of view. In some cases

twelve or fifteen hundred lunatic patients, all more or less disordered in bodily health, are to be placed in one building. The frequent impairment of health of both officers and servants of asylums of less magnitude is a matter of common observation ; and the peculiar atmosphere in which they live has the effect, in many cases, of disqualifying them by slow degrees for the mental exertions and the physical toil inseparable from a conscientious discharge of their daily duties. In these monster asylums, effective ventilation of the rooms and galleries, and of the dormitories and separate sleeping apartments, must become more difficult, and perhaps quite impossible. The increased height of the buildings will further exclude air and sunshine from the airing courts ; and the vast extent of gallery and stair to be traversed whenever any ward is to be visited, or any communication from any ward to the surgeries or the kitchen is necessary, must inevitably lead to the frequent neglect of the attentions required by a houseful of helpless people, whose various troubles require various aid at all hours of the day and of the night.

Possibly it may be said that these errors, which I hold to be undeniable, are inadvertently or ignorantly committed by the magistrates composing the committees ; that they are men of humanity and of understanding, and possess much general information, and, being chiefly anxious to maintain a zealous economy, forget the peculiar requirements of persons disordered in mind. But I believe the truth to be, that the errors committed were long ago, and whilst merely under consideration, pointed out by the Commissioners in Lunacy, whose objections were overruled, and whose advice was rejected. The physicians of the establishments are certainly blameless, for the Visiting Justices did not think it important to ask their opinions in the matter at all.

It does not appear that the Commissioners in Lunacy have any power to prevent these things ; and we can but hope that among the expected changes in the lunacy laws it may be given to them. If there already exists any power of the kind in the hands of the Secretary of State, we can scarcely expect that the subject should attract much of his attention ; and the local and political influence of the magistrates will always concur to prevent their being interfered with. The unhappy lunatics must submit, unpitied and unheard ; their mental and bodily health, and even their lives, disregarded.

As some valuable papers are to be read to you at this meeting, and our time is limited to one day, I am anxious not to occupy your attention longer ; but I would beg to recom-

mend to your consideration, as important to all who are connected with institutions for the insane—

1. The means of ensuring a proper position for the officers of public asylums.
2. The desirableness of affording opportunities of clinical instruction to medical students in all our large asylums, during some portion of each year.
3. The propriety of requiring from every candidate for a medical appointment in an asylum, and from medical men desirous of taking the charge of insane persons in private asylums, and in private houses, a certificate of having attended such a course of instruction.
4. The practicability of securing some provision for male and female attendants on the insane, in old age, or when disqualified for further service.

There is but one subject more which I wish to mention on the present occasion. For many years past I have been very desirous to promote increased accommodation, by some means or other, for the insane of the *educated* classes, destitute or almost destitute of pecuniary resources. Applications for help in cases of this description are constantly occurring, from persons of various professions and occupations, who are impoverished by the endeavour to provide for young men and young women, their children, or their relatives, whose resources fail if insanity attacks them, and makes them dependent on their friends. Professional men, clerks in offices, teachers and governesses, officers in the army and navy and their families, poor artists, and various other persons, whose income entirely depends on the exertion of their minds, are too often without any suitable place of refuge when their intellects become even temporarily impaired. Bethlem and St. Luke's are not sufficient to meet the difficulty created by these cases, nor the admirable hospital for the insane near Northampton, nor the excellent institution at Coton Hill. The terms of the cheapest private asylums are often beyond the means of the patients, and the only resource is a county asylum, where they are unavoidably associated with paupers. About twelve years since, strenuous exertions were made in London to supply this deficiency; but although the proposition was not only patronised, but its object actively promoted, by the Earl of Shaftesbury, whose interest in whatever relates to the welfare of the insane is always to be depended upon, it was found impossible to raise sufficient funds. Reflecting often since on this mortifying failure, I have been inclined to think that our views were too ambitious, and that by avoiding the

expense of building it might be quite possible to establish moderate sized asylums for the middle or educated classes, not near London alone, but in several of the counties of England. Certainly, if such establishments could be instituted, they would be the means of relieving many persons of refined education, and accustomed to all the decent comforts or even the elegances of life, from a great aggravation of their sufferings, when unhappily bereft of guiding reason, and unfit for the duties in which they were once honourably, usefully, and even profitably engaged.

This, as well as various other matters, at this time very important to all medical officers of asylums and hospitals for the insane, will, I feel sure, have the advantage of your best consideration during the interval between this and our next meeting.

Dr. Harington Tuke's Paper on the Diagnosis of General Paralysis.

Dr. TUKE read a very careful Paper on the Diagnosis of General Paralysis, as illustrated in the case of Sir Henry Meux, so recently before the Courts.

[Dr. TUKE's Paper, in an enlarged form, will appear in an early number of this Journal.]

Dr. SKAE said—I had prepared a Paper to read before the Association, upon the same subject as I now find Dr. Tuke had chosen; and I will not therefore take up your time by reading it, but will content myself with a few general remarks upon the valuable communication which we have had from Dr. Tuke.

I am, I confess, very much inclined to take different ground from Dr. Tuke with regard to this malady, and to regard it as a general paralysis complicated with insanity, rather than as a form of insanity complicated with general paralysis. And I do so for many reasons, but more particularly for this—that the paralytic symptoms are the essential, the pathognomonic signs of the disease, they are constant, some of them are always present; whereas the mental symptoms are sometimes absent; they vary in their character in different cases, and in their progress and termination. I think I have seen cases of clear and progressive general paralysis, in which there has been no mental affection at all up to the period of death, at least nothing beyond a slight impairment of the mental powers, but without the existence of any delusion.

I think this view of the case, which you will remember is that of several of the most accomplished pathologists of the day, M. Lunier, M. Guislain, and others, is further strengthened in my mind, by many cases I have seen of general paralysis, presenting the well-known and characteristic features of the disease, but which in some respects differed from the disease as it is usually met with in asylums. One case I remember of a patient, who for many years laboured under the peculiar affection of the locomotive powers so characteristic of general paralysis, a want of control over the inferior limbs, a constantly rolling gait, like that described by Dr. Tuke. During all these years he was esteemed as a man of great intelligence. He was ultimately seized with *delire ambitieux*, and died with all the signs of general paralysis running its usual course. As a proof that the progressive general paralysis of this patient was of the same nature as the general paralysis of the insane, I may mention the fact that two brothers of this person both died of general paralysis, accompanied with all its usual symptoms, and running its usual course. From this and similar cases which I have seen, resembling in their history that of Sir Henry Meux in some respects, I conclude that you may have a person labouring under general paralysis for years before there is any affection of the mental powers at all. In one or two of the cases mentioned by Dr. Tuke, the affection of the mind was very slight. I have seen several cases of patients labouring under all the symptoms of general paralysis, who after a time completely recovered their general sanity, so much so, that their wives, brothers, or other relatives, after residing with them for some months, were unable to trace the appearance of any mental impairment whatever. One case which occurs to me was that of a gentleman, a Major in her Majesty's service, who was affected with general paralysis. His speech and gait were both distinctly affected; he fancied he had come to Edinburgh to see Jenny Lind, and that he was a first-rate vocalist; he wrote me a cheque for £75,000,000, and exhibited all the symptoms of general paralysis in its most usual and characteristic form. In four months he recovered his sanity completely, the peculiar gait, however, remained. He lived with his wife for some time, and they and his other relatives told me he was quite recovered, and had never been better in his lifetime. I urged them to get him to sell his commission; but they were so convinced of his perfect sanity

that my advice was disregarded. In a short time he was seized with epileptiform convulsions, of which he died. Now here was a case in which mental sanity was regained so perfectly as to satisfy those in daily intercourse with the patient that he had recovered, while there remained a slow general paralysis affecting the muscular movements. Surely such cases as these tend to show that you may have the disease going on to a fatal termination, without any affection of the mind at all.

Another remark I would make is with regard to the peculiar affection of the muscular powers. I think the name general paralysis is to some extent a misnomer; there is no actual palsy, as you have in cases of local palsy, hemiplegia, or paraplegia. It is the loss of the *directive* power by means of which the individual is enabled to control or direct his movements, and which makes his speech and gait resemble those of a drunken man. I was led to repeat the observations which Dr. Bucknill describes in one of his papers, with regard to the muscular action in cases of general paralysis. Dr. Bucknill conceives, that in cases of this affection, the reflex action is destroyed; and the consequence of this is the destruction of the reflex muscular movements. I have not found this to be the case. I examined several patients in sleep, and found in every case that even when the patient was sleeping sound and snoring, upon tickling the soles of the feet, the limbs were immediately withdrawn. No stronger proof could be found of the existence of the reflex movement. I may mention also, that in one of those observations the case was very far advanced, that of an old lady, who died within twenty-four hours after the observation was made, and the reflex action was found to exist. I repeated the experiments in some of these cases with a galvanic apparatus, and found the muscles to contract under the galvanic stimulus. I find myself corroborated in the statements I have made by Dr. Roberts, in his recent work on wasting palsy, where he gives this as a diagnostic mark of wasting palsy, viz.: that the muscles in wasting palsy do not contract; but that in general paralysis of the insane they continue to contract as in other cases, under galvanism.

Dr. BUCKNILL said he did not make his experiments as to reflex action in paralytics in the night time. The experiments he made were upon paralytics in a waking state, and he found the reflex action of the muscles invariably enfeebled. The observations were made also in patients

somewhat advanced in the disease. In some cases the loss of the reflex action of the spinal nervous system was less marked than in others apparently at the same stage of the disease; but he believed that in all the instances the reflex action was impaired in general paralytics, even in the earliest stage. He had never stated that the reflex function was destroyed; for, of course, when that takes place animal life must cease. There were certain accidents to which it was well-known paralytics were peculiarly liable, which proved, he thought, the correctness of his opinion, that the reflex action in general paralysis was deeply affected. In the normal state of the act of deglutition, the morsel of food was carried back by the reflex action of the muscular part of the mouth and throat, and at the same time the opening of the air passage was closed by the reflex mechanism. But it was well-known to them that in cases of general paralysis, an urgent danger threatened the life of the patient, from the deficiency of the reflex action in this particular spot. The morsel was in many instances not carried back, but stuck in the pharynx, and sometimes a small piece passed into the larynx. This was so serious and imminent a danger, that in his own asylum and in others, every morsel of food which the patients took was previously chopped, so as to make it into a sort of paste, by which such accidents were avoided. This danger of suffocation, in common with many other peculiarities of general paralysis, could only be explained by the impairment of the reflex function. As to the loss of muscular action under the stimulus of the electro-galvanic current, this did not prove the impairment of reflex action, but the impairment of muscular contractility; and he was convinced from experiments he had carefully made, that this also took place in the latter stages of the disease.*

* To elucidate this question, which has so important a bearing upon the pathology of general paralysis, I have recently made the request to the Superintendents of five county asylums, that they would repeat the experiments. Dr. Thurnam was in the peculiar position of not having a single patient with general paralysis in Wilts Asylum. Dr. Boyd, of the Somerset Asylum, was so kind as to test the action of the electro-galvanic stimulus, and of tickling the soles of the feet, upon five patients with general paralysis. The results were as follows: No. 1. The tickling the soles of the feet with a feather, and the electric current applied to the same place, felt slightly. No. 2. The left side more helpless than the right, and the current affected the left leg more than it did the right. No. 3 became noisy when the current was applied, but there was very little muscular excitement. No. 4 laughed much, and the muscles of the legs much excited by the electric current. No. 5 became noisy when the current was applied, but there was very little muscular excitement. The attention of this excellent pathologist was directed to the state of the spinal

DR. DAVEY then read the following Paper on the Relations between Crime and Insanity.

If a faithful history of medical science during this nineteenth century or rather up to this present time be ever attempted, the author of the work will be required to devote a very considerable share of his energies and attention to Psychological matters. He will have to record the greatly increased interest of the public in the care taken of insane persons, and to register the origin and development of various legislative enactments, having for their object the well doing of the same. His duty will be to chronicle the labours of Pinel, Hill, Conolly, and others—in so far as these led to the disuse of mechanical restraints—and to the avoidance of heedless and cruel physical coercion. The same author will be required also to chronicle an improved medical treatment of mental disorders, one based

chord in general paralysis in 1848, and he has sent many specimens of the chord to a distinguished pathological microscopist, who found in all of them the same appearances as those described by Dr. Bennet in inflammatory softening of the brain.—Dr. Manley, of the Haunts County Asylum, on the 15th of September last, tested the reflex action in seventeen cases of general paralysis by tickling the soles of the feet, the patients being blindfolded. The results were as follows: No. 1. Reflex action slightly marked. No. 2. Reflex action almost entirely lost. No. 3. Reflex action very slight. No. 4. Reflex action appeared acute, but the patient was afraid of being touched, and Dr. Manley doubts the involuntary nature of the movement. No. 5. Reflex action scarcely perceptible. No. 6. Reflex action very slight. No. 7. Reflex action lost entirely. No. 8. Reflex action almost entirely lost. No. 9. Reflex action considerable, but same remark applied as to No. 4. No. 10. Worked as a carpenter within the last fortnight; reflex action moderate. No. 11. Reflex action scarcely perceptible. No. 12. Reflex action almost lost. No. 13. Reflex action very feeble. No. 14. Reflex action very slight. No. 15. Reflex action slight. No. 16. Reflex action almost imperceptible. No. 17. Reflex action almost imperceptible. Dr. Manley repeated the experiment in the first thirteen cases, who were males, at midnight. In the first, third, sixth, and thirteenth cases, the reflex action was decidedly better marked than it had been in the morning. In the other cases it remained just the same. Dr. Manley also “contrasted the reflex actions in these general paralytics with that of epileptics and sane persons, and was astonished at the general deficiency in the general paralytics.”—Mr. Ley, of the Oxford Asylum, does not give the details of the experiments which he made at my request on the 15th of September last; but he states, “It is as you say: Idiot children are very susceptible of the tickle on the sole of the foot. Demented people retain susceptibility. In general paralysis the sensation is lost, or nearly so.”—Mr. Tyerman, of the Colney Hatch Asylum, returns a reply to the same effect, and adds, “Unless it be so, what is the meaning of general paralytics seldom or ever gaping, yawning, coughing, or sneezing, even under the stimulus of snuff? What is all the danger of suffocation by choking but the diminution of the reflex pharyngeal actions? What causes the relaxation of the sphincters? At last the *vagus* also gives in, all reflex thoracic action ceases, and the end is close at hand.” These independent experiments completely verify my own, so far as the general fact is concerned. The conditions, however, of variations and of exceptions from the rule, if such there be, merit careful investigation.

J. C. B.

on a better knowledge of their nature and proximate cause &c. Towards the completion of the above very pleasing and satisfactory task, the medical historian will have to tell his readers that among those things which were and are not, must be enumerated :—1st, the practise at the old Bethlehem Hospital of exhibiting to an ignorant and curious public its much afflicted inmates, for a mere money consideration ; 2nd, the common and unjustifiable incarceration of those merely eccentric, within the walls of a licensed asylum, and this the act of unsympathizing, and, not unlikely, selfish relatives ; 3rd, the general bad management of all establishments set apart for the detention of those alienated in mind and feeling ; 4th, the neglect and wretchedness manifest among the patients, inmates thereof, and their supervision, if such it could be called, *not* by the accomplished medical man, but by the rude and coarse keeper, male or female, as such servitors were called. The same medical historian will have to tell his readers, as among the things which were and are not ; 5thly, the infrequent recoveries from this dire malady (insanity) ; and to demonstrate also the premature and painful deaths which so commonly fell to the lot of those whose misfortune it was to be stricken with cerebro-mental disease. But after all this, the question very naturally suggested to one interested in the subject is, does the contrast as between the past and the present, *i. e.* the *were* and the *are* leave nothing to be desired, has the climax of what is good, of what is rational and humane been achieved, can no omissions be proved, is there not yet room for advancement, yet a further field for lunatic-amelioration. Does no speck remain on the crystal, no flaw in the diamond ? There is, sir, much reason to fear, that however beautiful a picture of progress the facts of the case may warrant ; however eminently successful the writer may prove himself, both in the conception and execution of his self-imposed task ; there is, I say, much reason to fear that the great work will lack completeness and entirety, *i. e.* if this comparatively early period of the nineteenth century is to witness the beginning and ending of this literary, or, if you will, pictorial labour.

Truly, much has been done for Psychological medicine, but very much more remains to be done. Doubtless, great has been the zeal, and great has been the success of those legislators who have worked in the cause of the insane ; gratifying indeed must be the conscious results of those labours which have characterized the philanthropist and man of science, earnest in the amelioration of the condition of the lunatic ; but for all this

it becomes us not to shut our eyes to the fact, the painful fact, that very much remains to be done, that yet greater interest is demanded from the public in the matter now under consideration, that more legislative enactments are yet needed, having for their object the well being of insane persons ; and that if we would allow the faithful historian to give the much needed completeness and entirety to his work, *we*, I think, must labour well and nobly, with warm and earnest hearts, and rest not until the accursed *law of lunacy* is got rid of ; or, in other words, until the lunatic is no longer legally murdered, robbed of his life, and hanged like a dog ; or, if not so, transported to a penal settlement like a common felon : and this in virtue of a *law* begotten in prejudice and in entire ignorance of either the philosophy of the human mind, or the origin and nature of man's likes and dislikes, motives, actions, and so forth.

I purpose, sir, to draw your attention to the *law of lunacy*, in so far as it is set forth in certain questions and answers exchanged by the peers and judges of the land so long back as 1843. I shall confine my attention to the medical bearings of the said questions and replies, (for *these* more particularly concern *us*,) and so educe from them not only their positive inapplicability to the question of sanity or insanity, or, what is the same thing, of responsibility or irresponsibility ; but what is more, their mischievous and cruel tendencies. The questions and answers referred to run thus, viz. :

"First question—'What is the law respecting alleged crimes committed by persons afflicted with insane delusion in respect of one or more particular subjects or persons ; as, for instance, where at the time of the commission of the alleged crime the accused knew he was acting contrary to the law, but did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some supposed public benefit?'

Answer—'That notwithstanding the party committing a wrong act, when labouring under the idea of redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.'

"Second question—'What are the proper questions to be submitted to the jury, when a person alleged to be afflicted with insane delusion respecting one or more particular subjects or persons is charged with the commission of a crime, murder for example, and insanity is set up as a defence?'

Answer—'That every man should be considered of sane mind, unless it was clearly proved in evidence to the contrary.

That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong. This opinion related to every case in which a party was charged with an illegal act, and a plea of insanity was set up. Every person was supposed to know what the law was, and therefore nothing could justify a wrong act, except it was clearly proved the party did not know right from wrong. If that was not satisfactorily proved, the accused was liable to punishment, and it was the duty of the judges so to tell the jury when summing up the evidence, accompanied with those remarks and observations as the nature and peculiarities of each case might suggest and require.’”

“With regard to the third question, viz.: ‘In what terms ought the question to be left to the jury, as to the prisoner’s state of mind at the time when the act was committed?’ the judges did not give an opinion.

The fourth question was—‘If a person under an insane delusion as to existing facts, commits an offence in consequence thereof, is he thereby excused?’

The answer to this question was, that “the judges were unanimous in opinion, that if the delusion were only partial, that the party accused was equally liable with a person of sane mind. If the accused killed another in self-defence, he would be entitled to an acquittal; but if committed for any supposed injury, he would then be liable to the punishment awarded by the laws to his crime.”

With regard to the last question—‘Can a medical man, conversant with the disease of insanity, who never saw the prisoner previous to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner’s mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time of doing the act, that he was acting contrary to the law? or whether he was labouring under any, and what, delusion at the time?’—the judges were of opinion that the question could not be put to the witness in the precise form stated above, for by doing so they would be assuming that the facts had been proved. That was a question which ought to go to the jury exclusively. When the facts were proved and admitted, then the question, as one of science, could be generally put to a witness under the circumstances stated in the interrogatory.”

Now if one will be at the pains to analyse the peculiar expres-

sions herein employed by the peers and judges, we must then conclude that their nature and tendency are to limit the enquiry, in every particular, to the state of the mere knowing faculties of the human mind, as existing in the individual charged with the commission of crime ; and, at the same time to ignore the ever active qualities of our psychical nature, *i. e.* our moral feelings or affections ; upon which the character of each one of us depends ; and which, in themselves, constitute, both under circumstances of health and disease, of sanity or insanity, our individual motives to thought and action, their various degrees of intensity, and duration, &c.

Thus the sentences “insane delusion ;” “the accused knew he was acting contrary to law ;—“supposed grievance, or injury ;” “supposed public benefit ;” . . . “idea of redressing a supposed grievance ;” “under the impression of ,” &c. occurring in the first question and its reply ; and those “afflicted with insane delusion ;” “was not conscious of right or wrong ;” “did not know right from wrong,” in the second ; (question and its reply) including the following, viz., “an insane delusion, as to existing facts ;” “if the delusion were only partial ;” “any supposed injury,” as found in the fourth question and answer ; also, “whether the prisoner was conscious at the time of doing the act ; and “whether he was labouring under any, and what, delusion at the time,” forming part of the last question,—relate only to the condition of the intellect, *i. e.* the perceptive and reflective faculties, in him whose infringement of the moral law is, or is not the consequence of cerebro-mental disease. It follows then, that the several tests which the ingenuity of the peers and judges has created, tests held to discriminate the sane from the insane, the responsible from the irresponsible, constitute a mere sham, a metaphysical chimera, in short an idle fiction, a *delusion*.

It is now too late in the day to doubt that the springs of all human action, whether or not these belong to the sane or insane mind, are to be sought for, not in the understanding of this man or that, not in the brilliancy or otherwise, of the knowing faculties, but in the tone and quality of his moral feelings, *i. e.* his affections and his propensities. And hence is it that these latter not only go to form, but in point of fact constitute, the very essence of individual character ; the *bonâ fide* power whereby one man is moved to virtue and another to vice ; whereby one man realizes the merits of an Oberlin, a Melancthon, a Basil Montague, or a Howard ; and another the demerits of a Pope Alexander, a Greenacre, a Palmer, or a Rajah of Bitpoor. The fact is, the peers and judges who framed the law

of lunacy as set forth in the preceding questions and answers, failed in their estimate of the indications of the disordered mind, its promptings to morbid movements, and to criminal acts, because only they were no physiologists. Had they taken due care to have made themselves acquainted with the functions of the healthy brain, *i. e.* with the sound mind, they would have realized a better pathology, or, what is the same thing, would have given to the world a better *law of lunacy*, one in some harmony with the first principles of psychological medicine.

As there is a true and a false religion, so is there a medical psychology and a legal psychology; whilst in the one is shadowed forth the complete and all-wise design of an infinite Creator, so in the other we recognise only the impotent words of erring men, the false conclusions of a certain number of noblemen and lawyers; and, from such as these there does not appear any very solid reason why the scientific world, or, the philanthropist, could have expected, in 1842-3, anything better.

You will agree with me, Mr. President, that if the peers and the judges of this realm are ever inclined to forego their own false views, and to substitute for them the only true psychology, the fact must be the result of much agitation, the consequence not of individual efforts, but of resolutions and acts emanating from a society like unto this one. It will demand the authority of a Medical Association to assure the Legislature that *insanity* is, to all intents and purposes, a very different affair to what it is made to appear in the questions of the said peers, and in the answers of the said judges; that, in fact, it is a disease not so much of the knowing or intellectual faculties of the mind, as of the active moral feelings, *i. e.*, the affections or emotions, &c. Dr. A. or B. or C. may tell these gentlemen, as the late Mr. Justice Maule, and others even of their own body told them, that the insane (*more generally than otherwise,*) are *not* less clear-headed (intellectually considered,) than they have ever been, or were before the invasion of the malady which afflicts them; that they *know* just as much as they ever did, and can reason as closely and as well as they ever could; and that their deficient control of themselves results from the unbalanced or perverted affections or emotions, &c. Myself and others used to a daily intercourse with the insane, may explain how or in what way one or two, or more of the primitive faculties of the human mind in one insane, having taken on a morbid or excessive action or power, the individual becomes then the prey

of such a physical condition, losing the due control of and over himself; and so yields up, automaton-like, his natural will, *i.e.*, his individuality, to the bidding of his diseased impulses; and that these, under the circumstances cited, may very likely, and do, oftentimes impel the patient to acts of violence or crime; and so cause him to be exposed to the vainly imagined ordeal or tests involved in the aforesaid questions and their answers. I say, sir, that any two or three gentlemen present, however eminent, however earnest such may be, may tell the peers and judges all this, and very much more; but they must not expect their unaided expositions of this defective law of lunacy, or their own assurances of its total inapplicability to the object intended, to meet with any good or permanent results, if the body of our profession does not bestir itself in their behalf.

Let me, then, ask—Is not this a matter with which our Association may well interest itself? Can we do a better thing than urge on the attention of the Legislature the repeal of a law which not only does not accomplish the original end in view, but which has the effect of adding, to some extent, to the number of capital punishments—of, in fact, *hanging the madman*: than whom there can be no greater claimant on either our individual sympathies, or on the protective laws of this great country!!

The preceding statements, which apply to the condition of the intellect among the insane, may not seem altogether conclusive to some minds. However, those who doubt that cerebro-mental disorder is, as a very general rule, confined to the emotional faculties and propensities, will do well to lose no time and visit the modern asylum, whether public or private. The evidences of order, and of quiet and good management, the scene of industry which will meet the eye, and the general propriety which will be found to characterise the whole establishment, will readily enough assure the visitor that such could hardly be brought about if the patients were not in some way within the reach of a wholesome and controlling supervision. Now this same supervision is successful only because it appeals in its detail, in an eminent degree, to the knowing faculties of the mass of the patients. If the insane were so *unconscious*, or so ignorant, as they are very commonly supposed, they would then be found unaffected by the many influences now made available for their amelioration and recovery.

In the absence of mechanical or physical coercion, how could either the mind of the lunatic be led away from its

defections or irregularities, or the bodily functions be rendered subservient to his well-being and cure, if what is said to him and done for him by the attendants and others be not understood, and to a very considerable extent appreciated? Further than this, it is not so generally known as it should be, that the majority of the inmates (male and female,) of our large county asylums, are well and usefully employed in various handicraft occupations through the day; that by far the larger number of insane patients everywhere are capable of being employed as tailors, shoemakers, gardeners, carpenters, blacksmiths, and so on; and that the diversion of the mental feelings so realized, and the exercise of the bodily powers so resulting, are eminently restorative. It need not be added that if the old theory of madness were true; if the old fancies of the peers and judges were substantially correct; if, in a word, the lunatic knew not what is either said or done to or for him, or knew not right from wrong, &c., and was seen in ignorance of the various facts and circumstances surrounding him in, for instance, any county asylum, then there can be no truth in the foregoing statements. However, on inquiry, it will be found that the insane tailor, or carpenter, or gardener, continues the exercise of his wonted and peculiar skill, and fails not to achieve the ordinary success of his calling; and this in virtue of the integrity, generally, of the purely intellectual qualities of the mind, to the exclusion, more or less, of the affections or emotions, and the animal feelings.

The history of almost every case of mental disease demonstrates:—1st, that the disorder has had a moral cause, *i. e.* it has arisen in consequence of either grief, disappointment, fright, losses in business, domestic trouble, anxiety, and so on; 2nd, that it has first manifested itself in the patient by some unusual or capricious state of the feelings or affections, some excessive indulgence of the passions or propensities, constituting rather an exaggeration than an alteration of his natural character; the knowing faculties remaining unaffected; 3rd, that the first person who became aware or *conscious* of the impending affliction, was the sufferer himself, and that knowing it he strove but in vain, to hold on to his self-control, so fast receding from his grasp; 4th, that if delusions, so called, have made their appearance in the long course of the malady (a matter by no means certain) these have been found harmonizing with some dominant and deranged feeling, or emotion, or propensity, constituting the mere effect of a pre-existing cause; and, 5th, that if in the absence of the necessary care and control, any criminal act

shall have been attempted by the patient, the same ought to be looked on as an indication, not of an impaired understanding, not of an inability to distinguish right from wrong, but of a temporary and abnormal excess of emotion or passion, whereby all controlling power is lost; and the madman is reduced to a mere automatic or machine-like existence; 6th, and lastly, that if recovery shall have succeeded to all this, then will it have been observed that the improvement was first made known by means of the feelings or affections; that their "unusual and capricious state," became less and less marked; and the natural character has again shewed itself. In other words, the former and ordinary modes of thought and incentives to action recovered themselves; again, to move their possessor to either the merits of an Oberlin or a Melancthon, or to the demerits of a Palmer or a Rajah of Bitpoor.

The annexed anecdotes are of much interest, inasmuch as they demonstrate, though in a painful manner, the foregoing positions:—

"A lady on the point of marriage, whose intended husband usually travelled by the stage-coach to meet her, went one day to meet him, and found instead of him an old friend, who came to announce to her the tidings of his sudden death. She uttered a scream and piteously exclaimed, '*He is dead.*' From that fatal moment, "says Dr. Uwin," has this unfortunate female daily for fifty years (in all seasons) traversed the distance of a few miles to the spot where she expected her future husband to alight from the coach; and every day she utters in a plaintive tone, '*He is dead.*'"

"One of the most affecting incidents which has recently come under observation has just been communicated to us by a gentleman in whose statements we can place the utmost reliance. It appears that there resides in Castlewellan in the county Down, a poor idiot, whose mother died and was buried about five weeks ago in Bryansford churchyard. The helpless lad was evidently deeply affected by the loss he had sustained, and last week, conceiving that his fond parent had not been interred as she ought to have been, and that her body was floating in water under the soil, he proceeded with wheelbarrow and spade to the grave, disinterred the remains, and carried them away. The operation was witnessed by several neighbours, who, when they attempted to interfere, were obliged to withdraw, the idiot threatening their lives, imagining, it is believed, that they had some interest in the body and were resolved at all hazards to obtain it. The parties in question, finding they were unable to restrain him, gave immediate information to the police, and in a short time the unfortunate idiot, who had the coffin placed on the wheelbarrow, and was on his way with it to the mountains, was arrested, and was obliged to return. He was subsequently allowed, under *surveillance*, to carry off his wonderful burden, and it is stated that during three days and nights he proceeded in the manner described among and over the mountains in the neighbourhood; that he dug three graves which did not seem to satisfy him, and that eventually exhausted by fatigue he reached Rostreval, where he had the remains decently and carefully interred. We mention the simple facts without commentary, believing that in themselves they convey information at once remarkably interesting and powerfully instructive."—*See the "Banner of Ulster."*

I believe, that sufficient has been said to assure those

who hear me, that the dictum of the once famous Lord Hale—that, in fact, upon which the peers and judges so evidently relied when engaged, in 1843, in the construction of the famous law of lunacy—is of no kind of value considered as a criterion of either sanity or responsibility; that he (Lord Hale,) being neither a physiologist nor a pathologist, fell into an egregious error in treating of the “reason” as if it were the “power whereby one man was moved to virtue and another to vice,” to borrow my own words; and further, that although “the understanding of a child of fourteen years of age” may not be ordinarily very much more or less than that belonging to many “a person labouring under a melancholy” (as Lord Hale has it,) or suffering from partial insanity, yet is the idea of *measuring* the sanity or responsibility of either one, “*though such a person may be guilty of treason or felony,*” (Hale,) by the mere reason, little else than a farce.

It is concluded, then, that *consciousness*, or the ability to distinguish *right* from *wrong*, is no criterion of either a sound mind or of responsibility; that, in fact, nine-tenths of those insane persons who possess the physical power necessary to the commission of violence, *know* full well what is going on about them; and that, moreover, they will commonly manifest, during even the greatest excitement, an acute intelligence, and not unfrequently really surprise one by the force and brilliancy of their reasoning powers. Writing on this subject so long back as 1843, I have these words: “The maniac is acutely sensible of his unhappy condition, and like the hysterical maiden, or the sufferer from St. Vitus’s dance; or like him goaded by the delirious impulses of hydrophobia; or, in point of fact, like him worn and shaken by the deadly rigors of a tropical intermittent fever; *he* (the maniac) is unable to restrain the indications of the disease which afflicts him; he, like them, is very commonly without delusion of any kind, perfectly capable of distinguishing right from wrong, and, in all respects, sensible of every individual act; but he (the maniac,) is, nevertheless, as completely irresponsible for his actions as the veriest idiot which has existence.”*

It is well known to those whom I address, that the seat of disease in all the cases cited is in the nervous organism, and that in neither one of them does it involve that particular portion of the same connected with the knowing or intellectual faculties, *and hence the facts as above stated.*

* See my *Medico-Legal Reflections on the Trial of Daniel M’Naughten, with Remarks on the Different Forms of Insanity and the Irresponsibility of the Insane* (1843); and my *Law of Lunacy* (Zoist, 1843).

The manner in which the peers and the judges have considered the subject of "insane delusion," its nature and operation on the morbid mind, and the consequence thereof in so far as criminal acts are concerned, is singularly infelicitous. A "*delusion*," so called, holds much the same relation to the insane mind as a simple prejudice does to the mind of him, in the enjoyment of "*mens sana in corpore sano*." Neither the *delusion* nor the *prejudice* are really believed; they indicate without doubt some innate feeling or emotion, some dominant affection or passion, wherewith the psychical nature of the party, be he insane or sane, is imbued. Both the delusion and the prejudice may be, I feel confident, regarded as the external and ostensible sign or criterion of the internal, and otherwise invisible mental bias or psychical tendency; both the delusion and the prejudice are but the exponents of the ever-active affections and propensities. To realise this position, let any one for ever so short a time turn his thoughts inwards, *i.e.*, analyse his own expressed convictions and firm opinion of men and manners; if he take this advice he will not long doubt that the intellectual powers of not only himself, but of others, are very much more commonly than otherwise, and, to an almost incredible extent, modified by his moral nature, *i.e.*, his natural and inborn feelings. How certainly are our likes and dislikes a part rather of our sympathies, than the result of our mere knowledge of things! Love, joy, ambition, anger, pride, religion, each and all of our affective feelings and our passions, tincture and colour the intellect with their peculiar hue; and exactly that which obtains in sane man does so also among the insane. Shakespeare has embodied the same fact and principle in these few words, *viz.*,

"Man's judgment—is a parcel
Of his fortunes; and things outward
Do draw the inward quality after them
To suffer all alike."

If the functions of the brain in a state of health give to the same under circumstances of disorder, their peculiar character and tendency, &c., it is readily understood how the speech and the actions of any person of sound or of unsound mind, must be regarded not in the light of evidence involving the question of the condition of the mere knowing intellectual faculties or powers, but rather as indications of the tone and quality of the emotional part of our nature; for to this and to this only is to be referred the individual character of each of us, at all times, and under all circumstances, whether of health or disease; and among the insane the

former, *i. e.* the speech it is which becomes the mere instrument of the diseased moral perceptions: the speech may be said to be employed, in an especial manner, to proclaim the positive servitude of the intellect to them.

Moreover, it is never the insane delusion which prompts the madman to crime, but the excited or deranged feelings or passion which have begotten the same; *i. e.* the morbid condition of certain parts of the brain upon which the said delusion is consequent. In fact, this delusion-test is altogether a fallacy; a large number of insane persons are without delusion of any kind, have been insane for five or ten or fifteen years, but during the whole period of their disorder have not manifested anything like a delusion. This mere symptom of cerebro-mental disease is not always present, and when it does show itself, it very much more generally than otherwise expresses only the nature of the predominant feelings in the patient; and with these it is always in harmony; as cause and effect are ever seen to be.

An insane female, in humble circumstances, once under my care, was remarkable for the very high opinion she had of herself; her "*self-esteem*," gave the character to her deep affliction. This patient called herself a *Queen*; and would not infrequently occupy herself in marking her apparel "*V. R. Buckingham Palace*." After devoting much care to this self-imposed task, she would be very angry with herself, and express considerable annoyance at what she has called her "*stupidity*." This old lady seemed so to indulge her delusion as to exhaust it. With her, pride was a prejudice, and thus she deluded herself. That she ever believed herself a *Queen*, *bonâ fide* a *Queen*, I could never persuade myself. In fact, I have taken, at various times of my life, considerable pains to get at the real state of the minds of patients said to have delusions of different kinds, and I am induced to believe that, *in by far the majority of cases*, the patients themselves do not believe them. As to the many kings and queens, bishops, generals, and what not one meets with within the walls of any large asylum, my decided impression is, that their several assumed personifications must be regarded only as a morbid colouring to deranged moral feelings; and, individually considered, as a voluntary and tangible ideal of an innate, involuntary, and morbid impression. That the delusions, so called, of the insane, constitute, in a very general way, and in the majority of cases, but a seeming apology for excessive or perverted feeling or passion,—for pride, veneration, vanity, anger, and so on, is to my own mind certain; else would there be wanting

that constant correspondence in some way, between the said delusion and the symptoms of the mental malady ; a correspondence which, it is well to remember, obtains through all the variations of insanity ; variations which result from the extent to which the brain is affected, or, what is the same thing, from the number of the primitive faculties of the mind which are involved in diseased action, their mutual dependence and co-operation, and the circumstances from time to time surrounding the patient.

I trust, sir, I have said enough both to justify the preceding strictures on the law of lunacy, as unfolded in the questions and answers of the peers and judges, as well as to satisfy you that the requirements of science, not less than those of the commonest humanity demand from us, as a medical body, our best exertions to place on the statute book of this great empire a new law of lunacy ; one which shall be in unison with the natural laws, and consonant, in all respects, with a sound Psychology.

If we, as a medical body, withhold our exertions in this good cause, if we continue our inattention and indifference to the well-being and interests of insane persons, and to the consequent occasional commission of crime by them. If their revengeful imprisonment, transportation, or capital punishment, by stern and ignorant lawgivers, remain a matter of unconcern to us, then may we expect, for long years yet to come, to witness the jail taking the place of the asylum, and to know that the hulks or Norfolk island, or, more even than this, the scaffold are substituted for Hanwell or for other places like it.

In conclusion, let this fact sink deeply into the memories of all present. Within a comparatively few years many lunatics have been hanged, more have been transported, and I make no doubt that there is hardly a borough or a county jail, in which one or more insane persons may not be found ; and all this, because mental disease is not understood ; and because too, the present efforts of the bench and the bar are to ignore all sound views of the disease, and to perpetuate the crude notions of lunacy which have ever existed ; and, lastly, because no responsible body of men, like this one, has taken up this all-important question, or ventured to urge its consideration on the legislature.

THE FOLLOWING PAPER WAS THEN READ :

On the existing relation between the Lunacy Commission and Medical Superintendents of Public Asylums. By J. E. HUXLEY, M.D., Medical Superintendent of the Kent County Asylum.

The existence of a right relation between the two bodies named, is of vast importance to the due administration of a great public trust, and of no mean consequence as affecting the honour, safety, and utility of a class of gentlemen (Superintendents) contributing largely and worthily to the public benefit. Of late years, circumstances, both acts and expressions of opinion, proceeding from the lunacy board, have occurred to arouse attention and call for deliberate inquiry into this relation. The profession of Superintendents collectively, have regarded the Commission with respect, and have, on several occasions, sought to confer honour on individual Commissioners (at the same time reflecting it on their own body) by opening the ranks of their association to the admission of Commissioners as honorary members thereof. This mark of respect, the only public token the association have had it in their power to offer, they have offered generously and confidently, whenever, judging by the antecedents of a new Commissioner, his appointment has seemed a matter for congratulation ; such as the allocation of an eligible man to a handsome place, prospectively to the general good.

The qualifications of medical Commissioners are of two kinds ; one nominal, the other real. The first is that sort of experience which may be picked up in visiting asylums. Here the official status precedes the qualification, and the knowledge gained may be of little value. The second kind is found in a Commissioner who has filled the office of Superintendent, and who has consequently lived in, and directed an asylum. The latter, alone, qualifies a Commissioner to hold practical opinions ; it puts him on an equality, no more, with existing Superintendents. By this standard of comparison may be measured the propriety of his giving and holding opinions on practice and management, in opposition to those of Superintendents. Of the propriety of non-medical Commissioners, holding and offering such opinions, there is no question of degree ; there can be no question at all.

Respect is due to Superintendents from Commissioners. Of whatever standing and experience medical Commissioners

may be, there are Superintendents who surpass them in these qualifications. As the fact of superior office cannot in itself enlarge experience which ceased to undergo development when the public institution was resigned, and became, in fact, stationary at that time, there is some reason for assuming a still more general superiority in knowledge and practice on behalf of Superintendents.

This supposed arrest of practical experience may be accountable for some of the extraordinary medical (!) recommendations which have of late years distinguished the Commission. It may also account for that disposition to equalize management in all places, and to ignore local differences of constitution and health, and local variations in the expression of disease. It may be contended with some colour of reason, that in the lapse of time and discontinuance of constant minute observation, the memory of a quondam Superintendent lets fall many of the essential features of insanity in the mass, firmly retaining only the more prominent ones; and the mind then proceeds to generalise as if these last were all the points to be embraced by a competent system of treatment; and for the same reason, that a medical Commissioner who has not previously been a specialist, cannot gain a true experience; a specialist Commissioner cannot keep his experience progressive and level with that of practising Superintendents.

In the erection of dwellings for the insane, as places adapted to their proper treatment, and in all matters of internal arrangement and economy, who, it may be asked, are likely to have the most competent idea of things needful and serviceable, both in a general sense and, particularly, what may be essential on the ground of local peculiarity? That point being necessarily adjudged to the possession of the Superintendents, is it to be imagined that Superintendents are wanting in integrity, and not zealous for all true interests of their service? Or, is it to be supposed that they are idle and ignorant mercenaries requiring first, the official idea to inform them, then the official spur to keep them in right action? Monstrous hypothesis! nevertheless, one which must logically be drawn from the idea of their function which the Commission too often practically evinces. Let us know if competent medical men, whose zeal and ability cannot be exceeded, are to be dictated to on points peculiarly within their own knowledge and experience: driven and written at, very much like schoolboys undergoing their discipline. Let us know if this is a creditable

proceeding on the part of the Commission, and one of public utility, and if it be, let us accept it at once. But if the Commissioners therein misconceive their proper function, forgetting even self respect, let us recognise such undesirable relation, and, as a body, resist it, in justice not less to the public than to ourselves. We want an unanimous feeling and action in this matter. We are entitled on all the affairs of our business to the highest consideration. We hold the greatest knowledge, and society, as well as our individual status will suffer, if we fail to exact all the respect which that circumstance makes our due.

The theory of the Commission, as it has been displayed in the many points of difference as to practice between Superintendents and that body, must be that the former know nothing. No other theory will explain the frequent opposition in which the two parties are found. Are we, the Superintendents, to accept such a theory? If we are, we shall virtually be confessing, when we recommend to our various boards, this, or, that plan, or, ourselves practice and advocate any particular management which is not so fortunate as to have obtained official approbation, that we do these things in a fanciful way, and by a sort of accident. We shall thus admit that we have neither principles nor experience, and show how much we need the official barrier and goad to our thoughtlessness and apathy.

Passing from general remarks to particular instances, I will take, first, the idea of subduing maniacal excitement by active exercise, as propounded by the Commissioners. Have we jealously opposed this because of its emanation from the Commission; or, because we are averse to a change in our system? Have we not resisted the notion, rather, because we are medical men, pathologically as wise as Commissioners, and therefore, able at once to discover the fact of such a proposal's being as crude and ill-informed in the conception, as it would be medically discreditable to us, hurtful to patients and generally improper in practice.

Again, I take the proposed treatment of patients who are uncleanly, by disturbing them in the night. So highly injudicious on medical grounds would such a system be when applied to many patients, that one is struck to perceive it is the *habit only* which the Commissioners regard, forgetting the patient to whom it belongs. The project is adapted to uncleanness as an abstraction, and would be wholly unobjectionable for any inanimate object; instead

of being considered in relation to the perversity and disability of human beings under disease.

Thirdly, I may instance the efforts of the Commissioners to deprive asylums of a fitting proportion of separate sleeping rooms, and their complete disregard of the discomfort (to say the very least) of the patients improperly associated, which must ensue. Here, again, no governing theory of treatment is discoverable; but *only* the desire to lodge lunatics in asylums, not to accommodate and medically treat them.

Fourthly, with regard to seclusion. It may have been generally observed that the Commissioners in their notices of visits to asylums, remark on the amount of seclusion recorded, in a condemnatory tone if it is large, and as if this resource should be given up.

Once more, then, we see them pronouncing judgment on a medical matter without medical knowledge. Otherwise they *must* know the great value of seclusion as a soothing means of treatment, and consequently would desire no more to pass a comment on its frequency without a knowledge of the circumstances which may have rendered it desirable, than they would wish to limit the number of doses of any other medical agent; seclusion, properly used, being as strictly a medicine as any drug in the Pharmacopœia.

The above examples of what the Commission are disposed to do medically, should, I think, have the effect of powerful warnings; arresting the attention of Superintendents individually, and of our associated body to the duty of opposing generally all the attempts of the commission at medical suggestion or dictation.

Let me review briefly, a recent act of the Commission, bearing on the moral and social relation between Superintendents and Commissioners. In the inquiry the Commissioners instituted by circular respecting the use of the shower-bath in asylums, an accident merely coinciding with the application of that apparatus, set that inquiry in motion. If the apprehension was right, and demanded, on discovery, the extreme measure the Commissioners sought to institute; where was their knowledge of the practice of shower-bathing in asylums during many previous years? With what a sudden fire for the public weal were they not warmed by the accident of a man whose heart was degenerated in structure, being submitted to the shower-bath and dying soon after! I have said *the accident of a man with a degenerated heart*, which appears to have been the real accident, and a con-

tingency, perhaps, not to have been foreseen ; but I must not be understood as advocating the practice of shower-bathing of this sort. Nevertheless, the Commissioners put an engine of severe punishment in motion, before obtaining an accurate knowledge of the circumstances post mortem. Thus they are a semi-medical body in constitution, whilst employing no deliberative process by which their title to that distinction would be established. The whole proceeding strongly displays the real regard of Commissioners for Superintendents, whom they seem not unwilling to victimize in marching after popularity.

Circumstances of this painful kind, not only display a deplorable absence of the right relation between the two bodies ; but, together with the various other medical matters of collision, also show that the Commission is pretending to preside over our affairs, without the necessary qualification and without liberality. That is a course not to be persisted in without public inquiry.

Such pretension may be taken to be the real cause of all the differences of opinion on points of construction and management, which are all, in common with the great mass of asylum questions, more or less of a medical nature. Whilst it may appear that such differences must continue until there shall have been made a complete change in the constitution of the Commission body ; it will also appear, I think, that it is the duty of all Superintendents to exert and continue to exert their united voices and powers, at once, in opposition to those tentative suggestions of the Commissioners which are not upheld by experience, but which seem designed only to give that body the appearance of a supreme authority ; and, at the same time, in support of the true interests of their patients and of science.

The prominent general consideration springing out of my experience of the present adaptation of this body to the work they have to perform is, that the Commission should contain no medical element at all ; but be formed and intrusted only to supervise the working of lunacy law, to ascertain its due fulfilment and to detect and prevent contraventions and abuses under it. True, the appointment to a medical Commissionership is, seemingly, a reward to a good and tried Superintendent as fitting and dignified as it is remunerative ; but medical Commissionerships ought not to exist at all if they are found of less public, than individual profit ; and their dignity will be far less than what should be offered to a retiring, valuable public servant, until the

office shall have been raised in the eyes of the profession and in the public discernment by a relation of mutual esteem between Commissioners and Superintendents. Such a relation cannot begin to subsist until the Commissioners display both knowledge and respect in their official inter-communications.

Whilst then the Commission retains its present mixed character, unanimity of opinion and uniformity of action amongst Superintendents, can alone save the degradation of asylums, and the personal derogation of their chief officers; both of which may be foretold as sure results, in due season, of the present theory and practice of the Commission.

It is a question for the association, whether it is not now called upon, prudently to influence its members who are Superintendents, inducing them to moderate that too ready spirit of conciliation and encouragement, that disposition to repose faith and give honour, before the proof has been obtained that honour and confidence are due. Many circumstances have arisen of late years, which ought to incline Superintendents officially to regard lunacy Commissioners with a feeling approaching to suspicion.

COMMITTEE TO WATCH THE PROGRESS OF LEGISLATION IN LUNACY.

Dr. SEATON moved that Dr. Conolly, Dr. Bucknill, Dr. Robertson, Dr. Winslow, Dr. Stevens, Dr. Campbell, and Dr. Wood, be appointed a Committee to watch the progress of legislation upon the subject of lunacy, with power to take such measures as to them may appear expedient, for obtaining information as to the working of the present Laws, and with full power to report to the Association, from time to time, as they may think right.

It was seconded by Dr. STEVENS, who at the same time moved that Dr. Seaton's name be added to the Committee.

The motion, as amended, was duly carried.

A vote of thanks to Dr. Conolly for his services in the chair closed the proceedings.

THE ANNUAL DINNER.

The dinner took place at the Hopetown-rooms, Queen-street, at half-past seven, Dr. Conolly, President, in the chair. It was fully attended, there being at least forty

members present. Professors Syme, Simpson, Bennett, Laycock; Drs. Gairdener, Sellar, Maclacan, the President of the College of Surgeons, and Mr. Churchill, the Medical Publisher, were present, as guests of the Association; as also Dr. Lees, of Dublin, and Dr. Foscari, of Turin. Professor Christison, Dr. Begbie, and the Editor of the *Monthly Journal of Medical Science* were unavoidably prevented from partaking of the hospitality of the Association. Grace was said by the Rev. F. L. Robertson, and the several toasts were proposed by Dr. Conolly with his usual elegance of diction. Dr. Douglas Maclacan sung one or two of his charming comic songs during the evening. Excepting the wines* (which reflected no credit on the Messrs Barry,) the dinner passed off most successfully.

VISIT TO THE MORNING-SIDE ASYLUM.

The following day, Dr. Skae entertained the Association at an elegant collation at the Asylum. Several of the Directors of the Asylum were present, to add their welcome to that of Dr. Skae.

In the evening a grand ball took place at the Asylum. The ball-room was decorated with great taste, and the patients appeared in their best ball costume. About 200 of the inmates of the Asylum took part in the festival, and danced, with the most wonderful sane propriety, decorum, and grace, reels and quadrilles,—polkas, waltzes, and mazurkas being properly forbidden within the walls of the Asylum. A highland piper in full costume played in magnificent style, and the general dance music of the band of the Asylum would have done credit to Almack's. Several learned, discreet, sober, and demure members of the Association did not consider it beneath their dignity and position to join in the various dances with the patients. Mary, Queen of Scots, graciously condescended to accept our worthy publisher † as her partner in the quadrille. Three or four of the Professors of the University were present, and appeared greatly to enjoy the festivities. Every person at the ball was much struck with the quiet decorum of the patients. There was not, during the whole of the evening, the slightest approach to anything like singularity of conduct or eccentricity on the part of any one patient present; a stranger, had he not been

* A similar complaint was made of the quality of the wines supplied at the same house to the British Medical Association.

† This account of the Ball is copied from the Report in the *Medical Times*.

informed of the fact, would never have conceived that he saw before him nearly 300 insane patients enjoying the entertainment so kindly and judiciously provided for them by their excellent and benevolent Physician, Dr. Skae.

During the interval between the dances, some members of the Association amused the patients and general company by reciting various pieces and by singing comic songs. Drs. Davy and Boisragon are entitled to special notice. Dr. Boisragon afforded the company much amusement by singing in character a song descriptive of the wild and plaintive grief of a fair inhabitant of Portsmouth, at the heartless and cruel conduct of the "press gang," who had forced her lover into her Majesty's naval service. The despair of poor "Mary" at having her sweetheart thus dragged from her embraces, was depicted by the learned psychological physician with wonderful skill. A loud burst of applause followed Dr. Boisragon's retirement from the ball-room, but a general shout of "encore" from the patients and their guests induced the worthy psychologist to repeat the song.

C. L. ROBERTSON, HONORARY SECRETARY.

On Warm and Cold Baths in the Treatment of Insanity.

By HARRINGTON TUKE, M.D.

(Continued from No. 26.)

I wish it were possible to state, that all the French physicians are as judicious and humane in their prescription of the douche bath, as M. Leuret appears to be, but they certainly order it too frequently as a means of compelling their patients to work, or with the hope and intention of producing a moral effect, which forcibly remind us of the attempt to wash the black man white, of our early fables. In England the douche would not be recognised as a part of 'moral treatment.' We are at the present day agreed in thinking that intimidation and coercion may make or modify the symptoms of insanity, but can seldom produce permanently good effects; and I think the douche bath is rightly considered to be legitimately employed only for its physical effect as a revulsive, a refrigerant, or a stimulant. There is one other effect of the douche bath, the 'shock' for which it

is still sometimes ordered ; but I think it a remedy of very questionable utility. I have never tried its efficacy, or seen its effects, but a very well known and esteemed physician states decidedly, that the "physical shock" has been known to produce a good moral impression ; and although it is doubtful whether he intends by the expression "physical shock," the meaning that his words may be taken to convey, they lead us to the consideration of the direct effect of the "shock" upon the nervous system, and the probability of its curative power in cases of its derangement. Dr. Copland in his marvellous work, just completed, the "Medical Dictionary," thus describes the effect of a sudden douche : "When the stream is considerable, and falls from any height upon the head, its action on the nervous system is often very remarkable, and approaches more nearly than any phenomenon with which I am acquainted, to electro-motive or galvanic agency."

The experience of other observers, and the recent experiments of Dr. Bence Jones conclusively establish the presence of this "shock;" but Dr. Jones has proved this to be in proportion to the coldness of the water employed, and not to be so much dependent upon the height from which it falls. Hence the curative effect of the cold sponging in fever, where the temperature of the body, being so much raised, the full effect of the "shock" is produced, and the disease sometimes at once arrested. The hydropathic practitioners, I believe exult in the employment of columns of water, even forty feet in height, but I am not aware of their prescribing them in mania, and I imagine that the probability of any curative effect from such a plan would be very small, and in fact, little more than we should find from the analogous mode of treatment by the "bath of surprise." The resemblance, acutely pointed out by Dr. Copland, between its action and that of the galvanic battery, would lead us to imagine that the electric shock ought also to be useful ; and, till we hear that the galvanic current is found of service in mental disorders, I think we should look with great suspicion upon the use of the douche employed as a "shock." In the kind and skilful hands of Dr. Sutherland, a mild form of douche has been found highly successful, in cases of acute dementia. Dr. Sutherland thus graphically describes the effects.

"After the douche, the patient's energy of mind and body is roused into activity ; he appears like a person waking out of sleep ; he will sometimes talk sensibly for some time ; he will move his limbs as in health, and the circulation, respiration, and animal heat, are for a certain time at least restored

to their normal state. There have been some few instances of the patients waking up to perfect sanity."

This action of the douche on the nervous system would appear to favour the theory of a special curative agency in the shock, but I do not gather from Dr. Sutherland's account that this is his own opinion; and, in fact, it is clearly not so, because he goes on to say "that its first application should not exceed a quarter of a minute," and it is obvious that if the shock alone were desirable, half that time would be sufficient. I should be inclined to imagine that the good effect of the douche so employed, simply arises from its action as a direct stimulant; that it has no special effect, and that the shower bath in the same cases, would produce the same results. That there is also some hazard in the employment of the douche in this way is obvious from the care with which Dr. Sutherland points out the necessity of caution in its prescription, and limits the duration of its application; and it is abundantly clear that it requires great experience on the part of the physician before he can safely venture on its exhibition; the probability of serious brain disorganization in acute dementia is very great; and, in spite of the high authority of Dr. Sutherland, I think the balance of opinion is so decidedly against the use of the douche, except in conjunction with the warm-bath, that I should hesitate before I ventured to recommend this mode of treatment in a case where the prognosis must generally be so uncertain as it is in acute dementia. I regret very much that I cannot further quote the remarks of Dr. Sutherland on this subject; but, unfortunately, the extract that I have made embraces all that in their report on baths, the Commissioners in Lunacy have been able to insert; it is to be hoped that we shall hear more from Dr. Sutherland on this mode of treatment by the douche. In private practice I know that he does not prescribe the douche without the warm bath, and it is possible that in the report from St. Luke's Hospital some mistake may have been made; this is the more to be regretted, because the great medical skill and extensive experience of Dr. Sutherland give particular value to any practical suggestions of his, and I should regret to find the weight of his authority adduced in favour of the douche against the shower-bath; because, I believe that the douche without the warm-bath is a most dangerous remedy. The use of the douche," says Guislain, "requires a boundless precaution." Is not the shower-bath better?

Excluding the idea of "percussion" being of any value, what

is the difference of action between the douche and the shower baths? Dr. Bence Jones's experiments are not conclusive on this point, but he appears to have found little difference in them; their effect upon the pulse in health was about the same, their action equally severe. The douche-bath surrounds the patient with a denser medium than the shower-bath, but with no obvious advantage; the danger of water entering the air passages, if any danger there be, is increased, the effect on the præcordia more distressing, and the great objection of all, that in the douche-bath the patient must be restrained, or shut up in a narrow box, renders the douche-bath almost inadmissible.

I have already described various forms of the douche-bath, properly so called, but their variety is endless, and the object for which they are prescribed in many instances undiscoverable. The effects of "percussion," of surprise, and of *frayeur*, a favourite French therapeutic effect, seem all invoked in turn. Dr. Willis suspended a bucket on a pivot: this turning unexpectedly sent down a douche upon the patient. At Pirna, in Saxony, the maniac is fastened in a metal-bath sunk in the floor, and buckets of water are poured upon him from a window fourteen feet high, very much the same plan, only still more severe, that I have already quoted from Jacobi. Schneider recommends placing the patient under a continuous stream of water, which is to fall, drop by drop, upon his shaved head. This *bain à gouttelettes* is stigmatised by Guislain as too painful to be prescribed.

I do not know that I have omitted to mention any form of the douche-bath. Its further consideration I shall defer till I have described the warm-bath, with which in practice it is generally associated.

There is one form of douche or douche-bath frequently mentioned by the continental writers on insanity that I may mention, as some of them speak highly in its praise. This is the *douche d'irrigation*. The term is applied to a column of water sent laterally or from below, on to the body. The rationale of its action is not very clear; but a German physician, Dr. Müller, of Wurzburg, reports the cure of a case of mania, which he treated by directing a continuous stream of cold water upon the stomach of the patient.

I have already stated that, in some form or other, the warm-bath is almost universally employed in the English treatment of insanity. The answers to the questions of the Commissioners in Lunacy incontestibly prove that there is no

difference of opinion on this point ; although, as in the case of the shower-bath, the mode of its application is very various. The value of the warm-bath has not always been so universally recognised. Pinel expressed his dissent to the opinion that warm baths are useful as a curative measure, and ascribed the incurability of some of his patients to weakness, induced by this treatment. Our own Cullen entertained a similar view, and thought it only valuable in monomania, unless, he adds, it is "associated with the cold douche to the head." These opinions are, I think, reconcilable to those entertained, if we consider how different the effect of the bath is in different forms of the malady, and under different circumstances of temperature and combination. I think it can be shewn that baths of a temperature at or above 85 Far. are applicable to almost every form of insanity, are contra-indicated in very few cases, and in some may be considered almost a specific.

Even in active cerebral congestion the tepid-bath may be safely used. I have seen a maniac, sleepless and raving, after a half-hour's immersion in a bath with cold to the head, fall asleep almost in the water, so soothing and so salutary was its effect.

I have already dwelt upon the value of baths, and especially of warm baths, as a means of promoting general health ; I propose now to consider the specific effects of the hot, the tepid and the warm-bath, and their especial applicability in the treatment of mental derangement.

The frequent necessity for the forcible administration of baths, and the peculiarities of nervous and insane patients, render the size and shape of the bath and the arrangement of the bath-room a matter of considerable importance. Dr. Conolly, in his work on the *Construction and Government of Lunatic Asylums*, has some remarks upon the subject, which are principally applicable to public asylums, and require some modification in private practice, but are important as involving the principle of the treatment. From Dr. Conolly's remarks, and my own practice, I would lay down the following rules :—The bath-rooms and the baths should in their appearance and appurtenances as much as possible resemble the ordinary bath-rooms of the club or the hotel. The edges of the warm bath should be rounded, so as to afford no grasp to the patient. The bath should stand from the wall, in such a way as to allow the attendants to approach on both sides ; a moveable board will prevent this arrangement being in any way unsightly. The bath should be about six feet long, three wide, and three deep, much larger than those in ordinary use,

as in the event of a struggle, the patient can obtain no *point d'appui* for resistance, and the attendants easily control him. A false back, made by a wooden sloping frame with canvass, will obviate any discomfort from this, and also support the head of the patient while receiving the douche. The pipes to supply water should enter below the bath, be noiseless, and their taps out of the reach or sight of the bather. A shower-bath should be affixed over one end of the bath, in such a way as to admit of its shower descending on the patient, while half immersed in the warm water. The apparatus for the douche should be conveniently near, and the supply of hot and cold water should be sufficiently large to preserve the necessary temperature for any requisite time. Any peculiarity of colouring, or unusual mode of heating the water, unless invisible to the patient, should be avoided. If the bath is administered by force, the medical attendant should always be present, or near at hand, as in the case of the shower-bath.

There should be portable warm baths for particular cases ; in large asylums with corridors these should be placed on wheels. Dr. Conolly mentions that in the hospital at Turin, each bed is on wheels, to admit of the patient being moved easily to the bath-room. In an asylum of even moderate size, two or more bath-rooms are necessary.

It cannot be necessary for me to enter on the description of the general effect of warm bathing on the system, or to point out the dangers that may attend its use at improper times, or in peculiar idiosyncrasies. The rules that guide the general physician influence also our prescriptions ; and I shall at once proceed to consider the various forms of warm water baths, which have obtained the name from the temperature at which they are given, viz. :

1. The hot-bath. Water from 99° Far. and upwards.
2. The warm-bath. „ 92° to 98° Far.
3. The tepid-bath. „ 86° to 91° Far.

The first of these can seldom be used in the treatment of head affections ; its action on the circulation is too sudden and too violent to be safe. Although its effect is to produce an afflux of blood to the skin and extremities, it does not always relieve congestion of the internal organs, because it may and does occasion irregular and serious determination of blood to internal organs. In the mania from retrócedent gout it might be useful, conjoined with cold to the head ; but the only experience I have myself of its use, has been in the severe form of melancholia of old people, where I have thought a temporary immersion in a hot-bath beneficial in some cases,

but its prescription is very hazardous. I find, in the answers to the Commissioners, *one* medical man who orders frequently the bath at 100° Far, with cold water to the head ; but, as this gentleman also states that he always chooses the temporal artery, if he “bleeds” his patients, in cases of high excitement, I do not think that his practice is likely to find admirers or followers. The Bath waters are taken with impunity at a temperature of 104° Far. ; so that in cases of paralysis, or in severe skin disease complicating insanity, the hot-bath *may* be ordered without danger, but fatal syncope or apoplexy will follow its incautious employment.

There is no remedy, I believe, more valuable in the treatment of mental diseases than the warm-bath. It will calm the fury of the maniac, or sooth the anguish of the melancholic ; under different circumstances it will act either as a tonic or as a depressant, as a sedative or as a stimulant ; it is a remedy always at hand, with proper precautions always safe. The testimony of nearly every practitioner in lunacy assigns to it the first place as a remedial agent in the treatment of the insane. At Charenton, and at the Retreat at York, its efficacy in the cure of melancholia, especially in women, was long ago announced ; and more recently its conjunction with the douche, or with cold to the head, has rendered its use equally available in cases of mania.

The *rationale* of the action of the warm-bath in melancholia is easy to discover ; its power of soothing the irritated nervous system is direct and obvious. After long travelling, or intense muscular fatigue, there is nothing more calculated to restore proper nervous tone than the warm-bath. Analogous to the state of nervous irritability engendered by over-fatigue and excitement, is that distressing state of the nerves which is at once the cause and symptom of acute melancholy. Harassed by want of sleep, foot-sore with pacing his room, wearied with fruitless wailings, or with prayers that have brought no consolation, temporary repose may be produced for the patient by the warm-bath, and its soothing effect will cause sleep which even the strongest narcotic has failed to do without its aid. In the winter, when the shower-bath is not available, the warm-bath is particularly useful ; and not the least of its advantages is that it is a remedy at once so simple and so agreeable.

In the case of a medical man who was under my care last year, I ascribed his recovery from very severe melancholia entirely to the use of the warm-bath, which he took every night at bed-time, at a temperature of 96° Far. In another case, also that of a medical man, the same treatment was suc-

cessful ; and in this gentleman there was the same marked effect from the bath, as that which Dr. Bucknill has recorded in the *Manual of Psychological Medicine* ; sedatives after its employment acting well, although without the bath they were generally inoperative.

In mania, when, as is usually the case, the pulse is weak, the skin harsh and dry, the warm bath even at a high temperature, if conjoined with the cold douche, is an efficacious and a safe remedy. The first effect of the warm bath is to produce a determination of blood to the surface of the body, the superficial vessels become tinged, the face flushes, the heart's action is excited, and the carotids throb violently. Now it is asserted that the external carotids only are affected, that the internal arteries are not oppressed, and that even if they are, the diminished capacity of the venous system, equalises the circulation in the brain. This doctrine is a most dangerous one, and the use of the warm bath in many cases of mania would be attended with great hazard, if it were not conjoined with the cold douche. I do not think that any other mode of applying cold is sufficient. If the apparatus for the douche be not within reach, it is better to employ the tepid bath, and even then it is necessary to keep the head cool by wet cloths, and to watch carefully for any symptoms of congestion about the head. In addition to the mischief that may arise from the accelerated circulation of the blood, and increased impulsive action of the heart, there are the muscular exertions and frantic cries of the patient, who will usually resist the bath, and add by his struggles to his danger. The continued application of cold obviates this to a great extent ; and it is in these cases that the douche is so valuable a remedy ; the most simple mode of its application is by the hand shower bath, or by pouring water slowly from a pitcher ; but to these plans there is one great objection. A temporary cessation of the shower will be followed by a rush of blood to the head, which will be greater or less in proportion to the temperature of the bath, and to the amount of reaction following the cessation of the cold current. A better plan is that of a syphon which draws a continuous stream of water from some vessel placed conveniently near the bath, and which may be from time to time replenished, but this has a great inconvenience, as it necessitates keeping the head of the patient under the current of water, which is, of course, very difficult. Incomparably the best method of applying the douche, is by a long gutta-percha or india-rubber hose, attached to the cold water pipe of the bath ; this should be

armed with a moveable hose jet, and have two taps to regulate the flow of water, which may vary from a few drops to a powerful current; this douche may follow the movements of the patient, who should be held steadily by four or six attendants, but not prevented from motion altogether. It must be reiterated that this form of douche is a most powerful remedy, and should be employed only by the physician, and even he should remember the force of the agent he has invoked. A douche constructed in the way I have described, would be equivalent to a column of water falling from the cistern, which supplies the bath directly on to the patient, and the water supply should be and generally is, about an elevation of thirty feet.

The douche, if cautiously and skilfully applied, does not seem painful; its effect depends very much, as Dr. Bence Jones has shown, upon the temperature of the water; if this be below 50° Far. the head of the patient should be guarded with a napkin, and a few coils of the flexible tube, through which the water passes, should be immersed in the bath, and its temperature thus be a little raised. The patient must be sedulously watched, and the state of his pulse from time to time examined. The duration of the douche must depend upon its effect; this will sometimes be very marked, but it is impossible to lay down any rule upon the subject, except that the medical man must personally direct its administration.

The French mode of administering the warm-bath in a *baignoire de force*, in which the head of the patient emerges through a hole in the cover, admits of the easy application of the douche, or of cold in any form; but this mode of prescribing the bath seems to me most hazardous, and I was surprised to find it in use at a public asylum of high reputation in Scotland. It is obviously a form of restraint, and I think I would prefer swathing a patient in bandages like a mummy, if I could not command a sufficient number of attendants, to risking, as it appears to me, the dislocation of his neck in this guillotine-like machine. Dr. Bucknill's plan of holding the patient in a reclining chair, which is then placed in the warm-bath, is an admirable suggestion, and the chair itself should be more generally known and used. I myself have not found much difficulty in giving the douche, but it requires skilful attendants to hold the patient, and it is essential that a strong sloping false back of canvass or leather should support his head.

In cases in which there is heat at any particular point of the pericranium, the douche, judiciously applied, might be ex-

pected to be efficacious. We are told in the works of systematic writers on insanity to be careful not to apply the douche to such a point, if there is any loosening of the integument, or puffiness of the skin. We know that this in surgery indicates the presence of pus on the dura-mater, and the consequent obliteration of the vessels above; but I have never seen, or do I expect to see, such a state of things in a patient for whom a bath could possibly appear to be indicated.

To French medicine, to which we are generally so much indebted, I believe we owe the knowledge of the great efficacy of the warm-bath in the treatment of acute mania; and although, with their usual love for heroic remedies, the French physicians appear to push their application of it to an unreasonable length, yet the principle is undoubtedly correct, and the practice is often successful. I have found two hours immersion in a warm-bath have the effect of calming the excitement of a patient, and inducing sleep. Its effect upon the general system as a relaxant and a depressant, even in that time, is very marked; and to our ideas the practice of keeping a patient for twelve or fifteen hours in such a bath seems absurd enough. At the same time there can be no doubt of its being done, and with good results. I have had no experience of the system, and must refer to the memoir by M. Briere de Boismont, read before the French Academy of Sciences in 1848, for the detail of its administration. "The duration of the bath," he says, "should be from ten to twelve hours; they may be prolonged to fifteen or eighteen hours." The whole memoir is worthy of attentive study. M. de Boismont's memoir is translated in the third number of the *Psychological Journal*. An eminent authority amongst ourselves speaks hopefully of the plan.

Dr. Conolly recommends, in some cases of mania, the application of the cold water shower to the patient, whilst he is partially immersed in the warm-bath. He reports favourably of this combination, which, however, presents some practical difficulties in its execution.

The tepid-bath, at a temperature of from 68° to 84° Far., is the one really used by the French physicians in the manner I have described, and our term for the practice is somewhat erroneous; it is not a prolonged warm-bath, but a prolonged tepid-bath; they prescribe, and they apply a continuous stream of water, at a temperature of 60° Far., at the same time to the head. No patient could bear a warm-bath, at a temperature of even 92°, for so long a time as eighteen hours. But the action of

a water bath at the lower temperature of 84° Far. is very different ; it does not raise the pulse, or produce the same glow upon the surface, nor has it the power as a derivative that the warm-bath has ; the alleged *rationale* of its action when prolonged is unsatisfactory. The only addition to the effects of the warm-bath that I find stated by M. Brierre is, "that it introduces a quantity of water into the system ;" a quantity estimated to be as much as three pounds per hour. In other respects, there is only the same relaxant and soothing effect as produced by the warm-bath. There is, however, the advantage that with less power there is also less hazard.

I do not know that the tepid-bath is ever used in the English asylums for any therapeutic effect that it may have, nor am I aware that the French system of its application has been tried.

The application of cold to the head is of great importance, but is not often easily effected. In the old days of restraint, when the patient was securely fastened into the coercion-chair, or bound in the tight folds of a straight-waistcoat, it was easy to order the ice-cap, or the cheaper clay-cap, and easy to see that it was kept on the head of the patient. The ice-cap is almost obsolete now in the treatment of insanity. Though we know its value, we know also the difficulty of inducing the patient to bear its weight and pressure, and no one would now consider the amount of good it might do, a justification for the imposition of restraint.

If the patient will tolerate it, pounded ice laid on the head, in a bladder, is the best form of applying cold ; if ice is not procurable, Dr. Arnott's plan is efficacious ; he fastens a flexible supply pipe and an exit pipe to a bladder, and keeps a circulation of cold water through it.

Dr. Watson recommends a large flannel to be placed over the head of the patient, with a sponge saturated with water or evaporating lotion ; this sends down a constant dripping, —the *stillicidium* of Celsus—upon the patient. The best plan is, perhaps, Dr. Abercrombie's, who places a vessel near the bedside of the patient filled with cold water ; from this strips of linen proceed to a thin cambric laid on the patient's head, and this is kept wet by the capillary attraction of the linen strips set in action by the evaporation from the patients heated pericranium. The head ought to be shaved for these remedies to do any good ; and since shaving the head should if possible be avoided, evaporating lotions and the application of ether are contra-indicated.

Hip-baths and pediluvia are frequently of service in the

treatment of lunacy, but they do not differ in their application, nor are they prescribed by us for other purposes than they are by the general physician. The use of the cold hip-bath night and morning is often of essential service in a special set of cases. The warm hip-bath is of great value; the *rationale* of its action is obvious.

There was a form of bath once highly esteemed by some of the old practitioners, although now little used. This was the medicated bath, and it certainly appears to me that theoretically great good might be expected from its use. The exhilarating effect produced by the waters of some spas, and the tonic action of salt water, are instances of naturally medicated baths, and we may perhaps err in neglecting them too much in the treatment of lunacy, especially in the form of melancholia.

Aretæus recommends baths of alum, and the ancients had great faith in various artificial baths of water into which mallows, camomile, or violets, have been thrown; "some, besides herbs, prescribed a ram's head and other things to be boiled in the water." The old practice of adding odoriferous herbs has been adopted by a later physician, who says that the perfume of branches of rosemary in the water will sometimes induce a reluctant patient to willingly enter the warm-bath. We might use lavender water or eau-de-Cologne for the same purpose.

The artificial medicated bath is not, I believe, often prescribed in the present day. In America the nitro-muriatic bath has been employed with beneficial effect; but in the report from which I quote, Dr. Woodward gives no formula for its preparation. It should be prepared in the proportion of one ounce of the acid to each gallon of water. It excites tingling and pricking of the skin, and is said to affect the gums, and to cause ptyalism; a remedy therefore to be employed with great caution, if at all.

Another medicated bath is that of Bertolini, which is made of an infusion of two pounds of henbane, and equal parts of hemlock and cherry laurel leaves, in a sufficient quantity of warm water. I have not seen the effect of this bath. Dr. Winslow has "noticed marked benefit from its use." Medicated pediluvia, however, are more commonly prescribed than medicated baths, and the derivative effect of a hot bath to the feet is often aided by the addition of mustard to the water. A decoction or infusion of bran is sometimes employed for the same purpose, which must

resemble very much in its effect, the old *illutatio* or mud-bath.

There are many other forms of baths, ancient and modern, but I am not aware that there are any other than those I have mentioned employed in the treatment of mental disease. There are some interesting experiments now in progress at Edinburgh, as to the effect of the inspiration of oxygen, which may yet produce a new remedy for melancholia, an oxygen bath; though the disappointment of the hopes that were raised by the discovery of the protoxide of nitrogen and its effects, must prevent our entertaining too sanguine expectations as to the success of this last novelty.

I am aware that in this paper I have very superficially treated a subject of very wide importance; I purpose in a future essay to take in their order different classes of mental disease, and to examine their mode of treatment by the application of water in the various forms of the douche and the bath.

Commission of Lunacy on Mrs. Turner.

A Commission of Lunacy took place at York Castle, on the 23rd and 24th of July last, before F. Barlow, Esq., one of the Masters in Lunacy, relative to the state of mind of Mrs. Mary Jane Turner, the wife of Charles Turner, Esq., official assignee in the Liverpool Bankruptcy Court, then resident at Acomb House, near the city of York.

Mr. Aspinall was counsel, and Mr. Norris, of Liverpool, solicitor to the petitioner; and Mr. Edwin James, Q.C., counsel, and Mr. Pemberton, of Liverpool, solicitor, for the supposed lunatic.

The following evidence was adduced:

Mr. Turner: I am husband of Mary Jane Turner, and was married to her in 1845. In that year I went to live at Bedlington, in Cheshire. In 1846 I went to London, and on my return home Mrs. Turner met me at Lime-street station. I did not expect to meet her. On getting into the car she struck me repeatedly in the face, and said, "Go to your woman." In consequence of what happened I drove to Mr. Stephenson's, on the other side of the water, and he told me what was the matter. On the 2nd Dec., 1846, she broke her leg by leaping out of a window. She spit at me on that occasion, and used most abusive language to me. After this accident I attended her very assiduously, and sat up with her

frequently, so that at length I became ill myself. After she met me at the Lime-street station she became suspicious of me, and charged me with being intimate with women, more especially servants at hotels, lodging-houses, and other places. On June 25th, 1850, she struck me with a poker at Rock Ferry. We had been to Menai Bridge, when a lady passed, and she charged me with looking at her. She became very suspicious. On the 25th of the same month she was very violent, and while I was trying to pacify her, she struck me on the head with a poker, and I fell paralysed. My skull was fractured, and my life was in danger. She afterwards struck at me as I lay in bed, and drank so much that the surgeon would not allow her to attend on me longer. I then gave her into custody, and on recovering in two or three weeks, I declined prosecuting. A deed of settlement was then prepared, and we separated. On the 9th of September, I came over to York to see her, she having written to say she was very ill. She met me at the station, and as she looked ill, I took her to Scotland and the English lakes. I brought her back to York, and I left her. I afterwards met her at Normanton, when she said my bad treatment was driving her mad. In December, I went with her to Southport, and there she seemed to be under the constant impression that I was too intimate with the servants in the hotel. I could not walk in the streets without her breaking out and charging me with too great familiarity. I took her home, and on one occasion she seized me by the hair of the head and dragged me very severely. Mrs. Turner's jealousy was of two kinds—of my family and of women. She said my father's house was no better than a common brothel, and my sister no better than she should be. I was with her at Birkenhead and New Brighton in the autumn of 1851, where she repeated her former charges respecting me and the servants. In 1853, I went to live in Liverpool. In that year a deed of separation was prepared, and I allowed her £200 a-year. Prior to this she had struck at me. From that time, June 17, we lived apart. There never was the slightest ground for her suspicions respecting me, neither for her imputations of cruelty. On the 19th of December last, I received a telegraphic message from Mr. England, my wife's brother-in-law at Leeds, and in consequence I sent for Mr. Redhead, a clergyman, whom I asked to act for me, I being at the time very ill. At that time I received a letter from Mrs. Turner, at York.

Cross-examined : My marriage was for a time kept secret from my father and friends. I told them of the fact of our marriage when she broke her leg. I lived with Mrs. Turner previous to our marriage. I was passionately attached to her, and I believed she was to me. She was jealous before her marriage, but not to the same extent as afterwards. She thought, however, she would be better when we were married. Of course I lost my temper at times when she was very violent. I called her sometimes a strumpet. I did

not reproach her with being in the dirt when I married her ; and she might go there again. When she struck me with a poker, there was something said about the housemaid. I did not say the maid had as much right there as she had, and that she should be there after Mrs. Turner had gone. At the time she broke her leg, I was not living from home more than business compelled me. I have never taken a knife and threatened her—not just before she broke her leg. I once took a stick to her—I wrested it from her hand. She has taken a knife to me. After the separation in 1853, I corresponded with her occasionally. I never asked her to return and live with me. The letter produced was written after the separation, and it would seem such an offer was made, but I scarcely knew what I wrote, as I was nearly heart-broken. In 1851, when I saw her in York, she looked ill. She told me she thought they had poisoned her with fish. My friends were much opposed to my marriage. She could neither read nor write when I married her, but she writes admirably, and is now a woman of some accomplishments. She managed her household affairs well, and no one had a more comfortable home at first. I did not keep much society, and when I was away she was left alone. Sometimes I was absent for two or three days at a time. When she struck me in 1853, I gave her into charge of a policeman. I had just before told her that the servants she had discharged should not go. She has written me twelve letters since she has been at Acomb House. I only have two of them. (These two letters were read, and in one of them Mrs. Turner said that if she was proved a lunatic, Mr. Turner would be £800 richer for it.) The learned counsel asked if the remainder of the letters were not equally kind, coherent, and affectionate as the one read, to which the witness replied in the affirmative, but in many instances they were not, he had reason to believe, her own production. He had destroyed the other letters. I will not swear whether Mr. Norris requested me to produce all the letters. I destroyed five or six after I received the notice now produced.

Mr. W. Hey, surgeon, Leeds, deposed to being called up at four o'clock in the morning of the 19th of December last by Mrs. Turner and a policeman. She informed him that she had been poisoned on the previous evening at a friend's house at Headingley, and she had left them. She had with her two tin cases, and she stated that her object in coming to Leeds was to have their contents examined by a competent medical man, as she suspected while in Scarbro' she had been poisoned. There were several jars, containing a large piece of butter, vomit, &c. She said she would have the jars sent to Professor Taylor for analysis, and afterwards told me that she would take them to Mr. Procter's at York.

The *Rev. Thos. Fisher Redhead*, incumbent of Rockferry, was next examined, and spoke to the violence which some years ago he had noticed in Mrs. Turner's conduct, and of what he saw and

knew of her when in December last he came in search of her. When in the chemist's shop she said she had been poisoned at the Railway Hotel the night before, and she also accused him of having endeavoured to administer poison to her.

Mr. Procter, surgeon, deposed to seeing *Mrs. Turner* for the first time on the 21st of December last, when she asked him to analyse the contents of two tin cases which she had with her, and which she said contained articles of food and vomit. She informed him that some attempts to poison her had been made, and these she attributed to her husband, from whom she was parted. He declined to make the analysis, and referred her to Professor Taylor. The next day he saw her with *Mr. Redhead*, when she said she had been poisoned the previous night at the hotel where she had stopped. They arranged that she should go to *Mrs. Potter's* and the next morning *Dr. Simpson* and he visited her. They found her trying to make herself vomit, as she said *Mrs. Potter* had endeavoured to poison her. She told them she had been cruelly treated by her husband, and that he intrigued with every woman he met and his own servants. They formed an opinion of her, that she was of unsound mind, and they signed a paper. That night he was called up about one o'clock. He found her in company with a policeman in the Minster Yard, and he remonstrated with her on her impropriety of conduct. She refused to go to a house where, she said, attempts had been made to poison her. He said he could not leave her under the circumstances, and if she would not go to his house, she must go to the police-office. She went there, and the next day, *Mr. North* (in the absence of *Dr. Simpson*) and he signed the certificate for her removal to *Acomb*, without any communication with *Mr. Redhead*. He had seen her three times since, the last time being Tuesday or Wednesday. He was of opinion she was still of unsound mind.

In cross-examination, he said she was very much improved from December, but the delusion was still there, though in a modified form.

Dr. Simpson said that he agreed with the previous witness as to the unsound state of *Mrs. Turner's* mind in December last. At the instance of her solicitor, on the 12th of the present month he visited her, and had ten interviews with her since. She was much better now than she was in December, her conversation being more rational and consistent, but he was decidedly of opinion that the delusion under which she laboured in December still exists. When alluding to her delusion, she spoke with great caution, and she carefully avoided making use of the term "poison." This was a common occurrence in persons labouring under delusions. She still labours under her old delusion, but it is either less intense or else she is more guarded.

Cross-examined: Cases may exist where persons, on recovery, retain no recollection of the past, and others have an insuperable

antipathy in speaking of their former delusion when completely recovered. Instances of insanity are very varied, and so are instances of recovery.

By the COMMISSIONER: I should have signed the certificate. I believe she was not competent to take care of herself and property. I would not advise her removal from the asylum.

Dr. Caleb Williams deposed that he saw Mrs. Turner on Monday week, at the instance of Mr. Pemberton, and had seen her nine times since. He considered she was now labouring under delusions, and that she is of unsound mind.

Cross-examined: I have seen no alteration in her, and it may require six months or a year and a half to restore her. I should not feel justified in now signing a certificate for her removal from Acomb.

Mr. S. W. North deposed that he signed the certificate, but he had not seen her since.

Mr. J. W. Metcalfe, surgeon and proprietor of Acomb House, stated that he received Mrs. Turner into his establishment on the 24th of December. He noticed a want of collectedness about her. She said she was glad she had come there as a place of protection, assigning as a reason that she had suffered from poison introduced into her food by persons who wished to injure her. Mr. Pemberton visited her on the 1st of June, and after that she became more calm, and never used the word poison afterwards. She is at present in an unsound state of mind, and it would not be safe for her to be at large.

Cross-examined: I am paid three guineas a week for her, with extras. I have called her a w——. I never made her strip naked before me. She has undressed before me. She might demur to undressing before me. I will not swear that I did not say to her, "You have stripped before many men before now." I did not call her a sanctified, pious w——. I will swear I don't remember calling her a sanctified w——. I will swear I did not. Q. Will you swear you did not call her a pious w——? A. I don't remember. Q. Will you swear it? A. I will. Q. Did you not seize her by the neck, throw her down, and say, "You w——, I am up to all the tricks of a w——?" I might. She complained of her comb being broken into her head. She screamed out not in pain, but she screamed out. I will not swear I called her a sanctified w——, and told her to walk into the room and undress herself. She might say she would not do so till I retired. I have never beaten her physically. I did not say to her that I should stay while she undressed, for I had been at a hospital where there were seventy whores, but she was the worst of all, and that if she had not stripped before other men I would excuse her, nor language to that effect. I did, however, use language meaning that. When she escaped the second time, I found her in Blake-street. She was in bed. I broke open the door. My authority for doing so is the

fact, that when I have persons under my treatment I consider it my duty to take every care of them. I might call my groom to my assistance in carrying her to the cab. She told me I tore the sleeve of her chemise off. She complained of my treading on her foot, and that she was thrust against the bedstead. My wife was present at the time, and put a pillow between the poor creature and the bed stock. No complaint was ever made to me before now.

Dr. Swaine, medical visitor to the private lunatic asylums in the neighbourhood of York, stated that he considered Mrs. Turner to be of unsound mind.

Dr. Daniel Tuke was called, but did not answer, he having been obliged to leave.

This closed the petitioner's case.

In reply to questions from the Commissioner, *Drs. Simpson and Williams* said that, supposing the allegations against Mr. Metcalfe as to certain improprieties were correct, it would make no difference in their opinion of the state of the patient's mind.

Mr. Turner said that his wife's letters contained some complaints as to the insults she received while at Acomb, but he did not think there was any ground for his removing her. He would do anything which contributed to her comfort, and he did not wish her to remain at Acomb if there was any valid ground of complaint.

By *Mr. JAMES*: You would be sorry to have her called a "sanctified, pious w——?"

Mr. Turner: I should be sorry to hear her called anything at all.

The COMMISSIONER then had a long conversation with Mrs. Turner, which was generally inaudible across the table. She generally denied having ever said she had been poisoned, that she had not been assisted in writing her letters from Acomb by Mr. Pemberton, that Mr. Metcalfe's conduct towards her was even worse than had been indicated by her counsel, and that she was now in perfect health of body and mind.

The following witnesses were called on her behalf:

Mr. John Owen deposed: I am the keeper of an asylum near Liverpool, and I have had experience in the treatment of lunatics for thirty-four or thirty-five years. Mine is a large establishment. I had forty-four patients when I left home, and I have had the care of from 2,000 to 3,000. Of these there have been a considerable number restored to reason. I was not acquainted with Mrs. Turner till the day before yesterday. I was in her company last evening. I saw her the day before at Acomb House, in a great measure alone. I conversed with her last evening very much. Q. Both with respect to the delusions charged and other subjects? A. Scarcely on that point, because I thought it had been overworked. Did you observe anything indicative of unsoundness of mind? I did not. Was her conversation coherent? Perfectly. Rational? Per-

fectly. Consequent? Consequent. And nothing to indicate in your mind the presence of unsoundness? Nothing. Supposing a person labours under an impression, more or less intense, that certain persons have been aiming at her life, and she finds herself injured by those very persons, in your judgment would cruel treatment have a tendency or not to increase that impression? Decidedly so. I hope gentle means are generally adopted with lunatic patients. Repose and gentle treatment would be likely to remove insanity, but harsh treatment, cruelty, and opprobrious language, would certainly not be likely to do so. Q. Have you, in the course of your experience, heard of such treatment as that of Mr. Metcalfe? A. I have read of something similar occurring in Bedlam in former days. The result of your interview is, that Mrs. Turner is capable of taking care of her person and her property? I am decidedly of that opinion in her present state.

Cross-examined: It frequently happens that a person labouring under a delusion is able, for one or two interviews, to conceal the state of her mind, even from an experienced person. Assuming it to be true she has had delusions, I believe the conversations I have had with her afford me sufficient means of now saying that those delusions have now ceased entirely.

Re-examined: I trust my own opinion only.

Dr. George Wilkin said: I have had some experience in the treatment of lunatics. I saw Mrs. Turner at the asylum alone. I had a slight conception of the delusion attributed to her. I conversed with her to ascertain whether or not she was of sound mind. I saw her the day before yesterday at the asylum, and here yesterday, as well as afterwards at the hotel, where I conversed with her. I exerted myself to discover whether unsoundness of mind existed. The result of my judgment is, that she is now of sound mind, and able to take care of herself and her property. I have read many works on insanity, and it cannot be concealed by a patient when touched upon. There is a certain chord which, when once struck, indicates insanity. In all the conversations I have had with Mrs. Turner, I have not been able touch such a chord as that. She is not cunningly concealing insanity.

Cross-examined: I have practised in London rather better than twelve months. I was in Shrewsbury for a short time, and in Liverpool before that. I went to London at the instance of some of the nobility.

Re-examined: I was nearly ten years in practice at Liverpool.

Mr. Thos. Dismore, jeweller and silversmith, Liverpool, next deposed: I have been acquainted with Mrs. Turner for seven or eight years. I have had occasional opportunities of seeing her. I had a long conversation with her on Thursday afternoon at the asylum. I did not then observe any alteration in her conversation. She had always a decision in her style of talking, and she talked precisely the same way she did before. I should not have come to

the conclusion, from my conversation with her, that she was of unsound mind.

Mr. Pemberton deposed: I am an attorney practising in Liverpool, and the trustee for Mrs. Turner under the deed of 1853 made between Mr. Turner and his wife. Since the deed was executed I have transmitted the money as I have received it. I never saw Mrs. Turner from June, 1853, until the present year, nor did I correspond with her other than at each quarter day remitting the money. I remember hearing of this unfortunate affair in December; to the best of my belief it was before Christmas day. I did not go to see Mrs. Turner before I received a letter from her. I received the letter produced from her in March last. On the receipt of the letter I went and saw Mr. Norris, Mr. Turner's solicitor. I read the letter to him, and expressed my astonishment. I also reproached myself with being neglectful in not going to see Mrs. Turner in December, I presented myself before Mr. Metcalfe within a day or two of the receipt of the letter. I took with me the deed constituting me her trustee. I requested permission to be allowed to see her, and I referred Mr. Metcalfe, if he had any doubt of my identity, to Mr. Simpson, my agent, a proctor in York. He said there was no occasion for that, as he had known me in Liverpool, where he was a medical man. He refused permission for me to see her in anything but a kind manner. I told him I had received that letter, and that was the occasion of my coming. He said he would not allow parties to see patients in his house unless they had placed them there.

Mr. JAMES here read the letter, which was dated the 2nd of March, and in which the following sentences occurred:—"Dear Sir, I write to inform you that I have made my escape from the asylum last night. I have been very cruelly treated by them, and very cruelly treated and neglected by your not coming to see yourself to ascertain whether there was any foundation for such accusations, and such a tone of unkind treatment and cruelty. Excuse me, my dear Sir, when I say I think it was your duty, as my trustee, to come and see me. It is very cruel of you and Mr. Turner to leave me there three months without taking the slightest notice of me, instead of coming to see me yourselves." She then described that at Acomb she was denied the rights and privileges of a goal, and that every living creature was denied access to her. She felt convinced she had been wrongly and most cruelly represented by Mr. Metcalfe, by a word or two she had heard him say. She concluded as follows: "Come to me the moment you receive this note. Remember it is a woman; a woman's mind you have got to save from destruction, for if am detained any longer where I am now, I shall break my heart."

The MASTER briefly summed up, telling the jury that at least twelve of them must be unanimous, whatever their verdict might be. He thought it was admitted that this lady was of

unsound mind, and properly a person to be under some jurisdiction in December last, and the question was whether, between that time and the present, she had recovered her intellect, and whether they considered she had perfectly recovered, and was now a person of sound mind and capable of taking care of herself and her property.

The Jury retired at a quarter before two o'clock, and in half an hour returned into Court, when Mr. CLOUGH, the FOREMAN of the jury, said that thirteen of them were of opinion that Mrs. Turner was of sound mind, and seven were of a contrary opinion.

The following verdict was then handed to the MASTER: "We find Mary Jane Turner to be of sound mind, and the jury cannot separate without reflecting upon the disgraceful conduct of Mr. Metcalfe, the keeper of Acomb House, and beg to draw the attention of the Commissioners in Lunacy thereto." Mr. Clough added that he should not register his vote, and that the jury had particularly requested that the above expression of opinion might be embodied with the verdict.

The MASTER: The only verdict is the verdict whether the lady is of sound or unsound mind.

Mr. CLOUGH: That is what I explained to the jury.

The MASTER said he must take the opinion of the thirteen jurymen as to the state of Mrs. Turner's mind, and any other recommendation he would deal with in a different way.

Mr. PEMBERTON asked the representatives of the press to take notice of this presentment.

The inquisition was then signed by the thirteen, as to Mrs. Turner being of sound mind, Mr. Clough, the foreman, declining to do so.

Commission of Lunacy on Mr. Ruck.

On the 23rd, 24th, 25th, 26th, and 27th days of August, a commission of lunacy was opened by Edward Winslow, Esq., Master in Lunacy, and a special jury, at the large hall of St. Clement's inn, Strand, for the purpose of ascertaining the state of mind of Lawrence Ruck, Esq., of Sittingbourne, Kent, and Montgomeryshire. The case created considerable excitement, there being a large number of gentlemen interested present.

Mr. Montague Chambers, Q.C., Mr. Serjeant Ballantine, and Mr. Vaughan appeared for the petitioner (the wife of the alleged lunatic); and Mr. Edwin James, Q.C., Mr. Serjeant Petersdorff, and Mr. Gordon Allan for the alleged lunatic, who was present from the commencement.

The commission and order of the Lords Justices having been read.

The MASTER, in opening the proceedings, explained] with great ability and precision, the nature of the duties the jury would have to perform, and said that although the custom had been to inquire and determine the date of the commencement of unsoundness of mind, yet the present act of parliament only required that they should consider the present state of mind of the supposed lunatic, with a view of deciding whether he was capable of managing his own person and estate. Having reviewed the definitions of lunacy as compared with unsoundness of mind, he said that to prove the present unsoundness of mind they might have to go some distance back in the history of the case, to prove circumstances showing a manifest incompetency to manage or govern his own affairs. He wished to observe that these proceedings were not taken with any antagonistic feeling, but rather to benefit the whole of the parties concerned. In conclusion, he said the alleged lunatic had been confined for some lengthened period in an asylum near Uxbridge, in Middlesex, but he must tell the jury that that fact should not influence them in the slightest degree in the verdict to which they should come, after hearing the evidence which would be adduced.

Some lay evidence was first given bearing upon Mr. Ruck's state of mind before he was confined in Dr. Stillwell's asylum. Two years ago in the drawing room of Mr. Thurston, an old friend, he drank half a glass of brandy and water when he suddenly uttered a fearful howl and kicked Mr. Thurston in the stomach, he rushed out of the house and went home. Mr. Lloyd, landlord of the Wynstay Arms Hotel, testified to excitement of conduct. Two men sat up with him at night as some of the gentlemen in the house had spoken to the host about him. He used to take the fly out, drive some distance along the road and then come back. He sometimes went out in this manner in the dead of the night. He took Mr. Lloyd into a private room, and said, "Mary Jones has had two children by me. She has murdered them both. Here is a lock of their hair, and I shall be swung for it." A commercial traveller complained that he looked at his letters, but Mr. Ruck explained that he had made a mistake in looking into the pocket of the wrong coat, and sent an apology. Mrs. Williams testified to Mr. Ruck behaving in a most excited manner in his own house. He once locked himself in the drawing room, burned some clothes, and tore his scarf and shawl into small pieces, and went into the cellar and set the taps of two barrels of beer running. He would drive out at three or four in the morning, and remain out four or five hours. He was not like a drunken man, he appeared more wandering; when he was tipsy he was quiet. Mrs. Jones testified that he promised to give her £500 if she would get him the nurse-maid; his manner changed, and he became very restless. David Arnold, the postman, testified that

Mr. Ruck offered him £300 if he would allow Arnold's wife to sleep with him on alternate nights. John Edwards testified that he used to pick up stones and say they contained small spots of sulphur; that he caused a shaft to be sunk in the land, saying that copper and iron was to be found, which was not so; that he gave witness £5 in discharge of a debt of £3 10s.; that he locked Mary Jones up in a room, said she was mad, and that if he had a gun he would shoot her. Lewis Williams, ostler at the Wynnstay Arms, testified to Mr. Ruck's midnight drives, to his having once pulled down the pictures in two rooms and ranged them round the room. He was naked, and said he wanted the girls to see him so. He poisoned two dogs.

Mr. Hugh Lloyd examined by Mr. Serjeant BALLANTINE: I am a surgeon, and practised near where Mr. Ruck lived, in Montgomeryshire. I have attended the family for years. During the early part of the time the greatest affection existed between them. Mrs. Ruck was a model of a woman. On the 25th of October I was summoned to see Mr. Ruck at Pantluddw, when I noticed he was excited, and there was a strange appearance about the eyes. He behaved very strangely. I did not order him to have any medicine. I saw him a few days afterwards, when he appeared very sullen. He passed me by, and when I spoke to him he answered me abruptly. I became apprehensive of what he might do, and went and consulted with Mr. Evans, and some one was sent after him to watch him. Soon after that his room was opened at the Wynnstay Arms; a gun and pistol were found in it.

I am obliged to ask you; do you know Mary Jones? Yes.

Did you ever have any improper connection with her? No; decidedly not.

Did you ever have connection with Mrs. Ruck? Decidedly not.

Nothing improper ever occurred between you? No, not at any time.

You based your opinion of his conduct upon what you saw of him? I did.

Cross-examined by Mr. E. JAMES: I have known Mr. Ruck 17 years. I did not sign the order for his confinement. I was not asked to do so. It was unfortunately notorious that Mr. Ruck drank. It would produce delirium, but that is different to insanity. Delirium tremens, the result of drink, was capable of being cured. When he passed me sullenly on the 27th of October, it was not explained that he was doing so to avoid me. He went with Mrs. Ruck to Welshpool, and from thence to Dr. Barnett's, at Reading, where he was taken and confined. During the 17 years I have not seen him twice in the state of excitement I have referred to, During the last two years I can only say, from report, what effect liquor has had on him.

Re-examined by Mr. M. CHAMBERS: Pantluddw was not furnished, and Aberdovey was looked on as the residence of the

family. When I saw him I should not say it was delirium tremens on the 25th October, in my opinion ; I drew a broad distinction, feeling that he was suffering from worse than delirium tremens.

By the MASTER : I formed my opinion from the evidence I heard from others, and from what I saw myself. I had no opportunity of examining at Welchpool into the delusions. I have not seen him from time to time till to-day : I must say that he looks much better to-day than when I last saw him.

Mr. EDWIN JAMES applied, before the Court rose, that Mr. Ruck might be allowed to remain in town each night pending the inquiry, to enable him to have those consultations with his solicitor and counsel which were necessary to the end of justice. Mr. Ruck was perfectly quiet, and would answer any question which the learned Commissioner might put to him. Should the application be granted, Mr. Ruck would be willing to have any of Mr. Stillwell's assistants he may deem necessary.

Mr. M. CHAMBERS said he had no ground of opposition to the application of his learned friend ; the only thing was, whether it could be done legally.

The MASTER said it appeared to him to be a most reasonable application ; and he asked Mr. Stilwell if it was compatible with the present state of the lunacy laws to accede to the application.

Mr. STILLWELL, as far as he was concerned, had no wish to oppose the application ; but, as the lunacy laws stood, he could not allow any person under his charge to sleep out of his house for the night without the consent of the Commissioners in Lunacy, and an application could not be made for that consent without the sanction of the friends of the alleged lunatic.

Mr. M. CHAMBERS repeated that he had no objection if it could be legally done.

It was then arranged that if it was not too late an application should be made to the Commissioners. Should they fail in it, however, Mr. Ruck, will have to go to Moorcroft House, Hillingdon, near Uxbridge, every night till the termination of the inquiry.

Mrs. Mary Ann Ruck was then examined by Mr. Serjeant BALLANTINE : I have been married seventeen years to Lawrence Ruck. I have had six children. The eldest is fifteen years old. We did not occupy separate rooms. He was in the habit of drinking occasionally. While living at Pantluddw, he was at times excited. He has gone out in frys at all times of the night. I have gone with him into the woods as late as one o'clock in the morning. During that time, from April to the end of 1856, he was at times much excited. He was very much haunted by the tunes and voices he had heard last. I took the children to him at Aberdovey. My husband would occasionally come and sleep there. We never quarrelled. When at Aberdovey he was very affectionate. In August, 1857, we went to Manchester ; the Barnetts were with us. I have

known Mr. Barnett ever since I was a child. While at Manchester my husband behaved very affectionately. Was at Manchester a week, and then came up on a visit to some friends in Kent. While in Kent I received a letter from my mother, which caused me to return to Montgomery. When I got home he had left. I followed him and found him. He was much excited, and fancied he saw people rushing into each other's arms. He laughed, and tried to point them out to me. When we left Newtown to go to Welchpool, a gentleman whom I had never seen got in. He was a perfect gentleman, and nothing of a familiar or improper character took place between us. Next day Mr. Ruck made serious charges against me, and said I should not go with him, as the "boots" would do for me. He took my money (£20, which my mother had lent me,) away from me. He so behaved himself that I sent for a medical man, Mr. Harrison. No intimacy of an improper character ever took place between Mr. Barnett and myself. When my husband got out of the coach he ordered a fly, but I had the horses taken out. After that he sat in the fly for some time. He then went to his bed-room, and some time after he sent for me, and said I ought to ask his forgiveness. He charged with me the grossest improprieties, and used the most coarse and disgusting language to me. I was obliged to leave the room. While at Welchpool, on Thursday and Friday night, I did not sleep with him. Neither on one night or the other did anything of an immoral character take place between me and any one else. I have read the affidavits of Drs. Winslow and Sutherland, containing imputations against myself, but they are without foundation. We went to Reading from Welchpool. We stopped at Birmingham as we passed. We slept in the same room. He went backwards and forwards to his portmanteau; and seeing me saying my prayers, he said "You might well say your prayers." We stopped at Reading from Sunday to Thursday. He ran away while at Reading. He was brought back by Mr. Barnett and a constable, and appeared to be very merry, saying it was a good joke. He was friendly then with Mr. Barnett, and begged his pardon. We slept together that night, and he charged me with the most disgusting things. He said telegraph was speaking north, south, east, and west, about me, and charged me with general prostitution. After this he imagined he had forgiven me, but said he would give me a large bonnet, and take me to London. He said if I had not the bonnet every one would know my character. He said he would take me to a place where I could walk out of a night with others of my class. I never put any corrosive sublimate in his food. I was not aware that any connection existed between Mary Jones and my husband. At Welchpool he said Mary Jones had been tormenting him, and talking to him all night. He said Mary Jones had had two children by him, and said that she had murdered them. He repeated this at Reading. In his portmanteau were pieces of paper, walnuts,

oatmeal, flour, corkscrews, string, candles, and such like. I found a letter to a governess in his portmanteau. When my husband left I had no money. I then sold the stock at the Welsh farms for £1300. I let the cottages. His property in Kent is worth about £1200 a year. Out of the £1300, I paid £579 debts, £220 for housekeeping, &c., and £500 for these proceedings. I have no other money. Since he was at Moorcroft House I visited him. I saw him in January. He still entertained the same delusions respecting my conduct. He told me that he had not forgotten a single thing that had happened at Welchpool, and referred to Mary Jones. On asking him to what he referred, in respect of my conduct, he replied that he would rather not tell me. I should only say they were delusions.

Mr. Chambers read a memorandum written by the alleged lunatic in his account book.

Witness : All the charges therein stated as regards myself are untrue.

Cross-examined by Mr. JAMES : The memorandum was written at Welchpool. Knew Mr. Ruck's father. He is a country gentleman. He lived near Sittingbourne. Did not see him before marriage. My husband inherited £1200 a-year from an uncle or a cousin. He never proposed to me that we should separate. Miss Jones lived principally with my mother. Miss Jones is my cousin. For two months before the event of which I have spoken in October last, I was away from my husband. I was in various places—Bedfordshire, Yorkshire, Lancashire, Kent, and Reading. During the last two or three years he was in the habit of drinking to excess. He would take it in fits and starts. Had a letter from Mrs. Matthews on the 28th of last October, and I started to go home. He was not perfectly well when I left, he had rheumatic pains.

Mr. JAMES read the form which the witness had signed for her husband's admission to the asylum, and in which the cause of Mr. Ruck's insanity was stated to be partly hereditary and partly from intemperance, and asked—Who inserted those words?

Witness : Dr. Barnett.

Mr. JAMES : But did you know that his supposed insanity was partly hereditary?

Witness : I did not.

Mr. JAMES : But you signed the order for your husband's confinement in the asylum?

Witness : I signed the order, but I did not read the order.

Mr. JAMES : Did you not order Dr. Stillwell not to admit Wainwright, his solicitor, to see him?

Witness : When?

Mr. JAMES : In May.

Witness : Well, I did.

Mr. JAMES: Were you not told that your husband was recovered?

Witness: Yes.

Mr. JAMES: Did you not request that your husband should not be allowed to have any money in order to be enabled to conduct these proceedings?

Witness: I did request that he should not be allowed to do so.

Cross-examination continued: I cannot say that I ever told Mr. Gore not to let my husband have any money to carry on this case. I did give him £28 when he went into the asylum. He has had nothing more. I have paid Dr. Stillwell £100. I am to pay him £400 a year. I have kept £500 out of the sale of the stock to carry on the case; and I did refuse to let my husband have any money to try the question of his sanity. Mr. Gore receives the rents. He advised me to take out this commission. I was alarmed when I slept with my husband on the Saturday night at Birmingham. I slept again with him on the Sunday night at Reading, and on the Monday he was sent to the lunatic asylum by my order. No rents have been paid for the Welch property since he has been confined.

Re-examined by Mr. M. CHAMBERS: I am keeping the six children now. Mr. Gore is a brother-in-law of Mr. Ruck's. He manages the estates in Kent, and since Mr. Ruck's confinement that gentleman has received the rents, but I never received anything from it. Mr. Ruck's family are well off, and could have supplied him with funds to go on with this case. I have always been willing that Mr. Ruck should have been taken care of by his friends, but they have refused to take him. I thought he was insane, as he was under delusion. I had no power to make orders on Mr. Gore for money. I knew the proper course was to apply to the Lords Justices. At times I have seen my husband since he has been confined. I have not let him see me as I knew it irritated him. In February he refused to see me. In January he wrote me a very rational letter. That letter wished me to come up, and I travelled all night to see him. He was first angry and then kind, but afterwards he said he had not forgotten anything which took place at Welchpool.

By the MASTER: I have repeatedly been to Moorcroft House, but he has refused to see me. Dr. Stillwell told me it was better not to. Mr. Ruck did not know I was there at those times.

By the JURY: I took the things he mentioned in the letter with me. His mind appeared connected with the contents of the letter.

Mr. Harrison, surgeon, of Welchpool, examined by Mr. VAUGHAN: I was called to Mrs. Ruck, at Welchpool. She explained to me what had occurred on the journey up to Welchpool. Mr. Ruck appeared to be fidgetty and excited. He got into a fly without any horses in it, and he would not leave it for some time.

He said he would not go into any house where Mrs. Ruck was, and she was in the hotel. I asked why not, and he said that she had misconducted herself in the coach with a fellow passenger, and explained that the person and Mrs. Ruck made indecent signs to each other. He went to my house, but I afterwards found him in another fly, but this was in a shed where the empty carriages were kept. He was some hours in it. I suggested that attendants should be set to watch him. I did so in consequence of the manner in which he conducted himself. From what he said I believed his mind to be unsettled. Whenever I visited him he complained of great immorality on the part of Mrs. Ruck. They were wrong, because she was a most exemplary person. He also said she was connected with every man in the place. I did not think that state was caused by immoderate drinking. Mrs. Ruck told me on the first visit that her husband had been leading a most irregular life, at one time taking very large stimulants and at others adopting the reverse course. I attributed his state not exactly to acute mania, but an unsound state of mind. It was not from delirium tremens. He gave the two men who attended him a 10*l* note each, but they returned it to me. The men were serjeants on the staff of the Montgomeryshire militia.

Cross-examined by Mr. E. JAMES: The serjeants did not say that the 10*l*. was given to either to let him go. Excessive drinking might have had an effect on Mr. Ruck. I believe the first night that it was necessary he should be watched. I said I did not see anything in his unsettled state of mind inconsistent with the result of intemperance. It might have arisen from the abuse of intoxicating liquors. I do not now think it was the result of intemperance.

Re-examined: The two serjeants of militia who watched him were respectable men in the town, and were not dressed in their uniforms.

Mr. Richard Barnett examined by Mr. M. CHAMBERS: I am a surgeon, in practice at Reading. I have known Mrs. Ruck 20 years, and Mr. Ruck since 1851. In October last I was telegraphed to go to Welchpool. I went and saw Mr. Ruck, who received me very cordially. He said "I am very glad you have come, as there are two fellows placed over me to watch me, and I want to get away." I asked where was Mrs. Ruck, and he said, "Mrs. Ruck is nothing to me; she is as bad as any woman can be." He then walked out of the room in the most abrupt manner. He several times entered the room and as suddenly left it. I asked him to go to Reading, and we started by post to Shrewsbury, where he told me he had painful evidence of his wife having committed acts of immorality with other men. When at Reading he gave me into custody for attempting to poison him. When I went to the station some of the alleged-to-be drugged wine was sent for and tasted, and the whole charge was found to be frivolous. On the Tuesday

Dr. Conolly was sent for and arrived. I have watched him packing and unpacking his trunk. He had a strange collection in his trunk, and would take the contents out and throw them to his wife and put them back again. It was a strange collection, consisting of candles, string, paper, chisels, bread, stones, flour, and so on. He was at times very kind to his wife, but the next moment he would accuse her of the most fearful acts of immorality. I have no doubt about it but that he was of unsound mind. He said he had slate mines worth 30,000*l.* a year, and his copper mines were of untold value. While at Reading he never charged me with any improper intimacy with his wife. Nothing of the sort ever took place between me and Mrs. Ruck. I never put any corrosive sublimate on his bread. I have seen him at the asylum at Moorcroft House several times, and still found him under the same delusions. Once he refused to see me, and afterwards explained the cause of it, "that it was hard for him to be put into Moorcroft House."

Cross-examined Mr. JAMES.—I went down to Moorcroft House with Mr. Williams, the solicitor for the petitioners. The statement in my affidavit that I have retired from practice is erroneous; I am still in actual practice. Mrs. Ruck's order for her husband's confinement is in my handwriting. The cause of insanity is ascribed to "hereditary insanity and intemperance." I read it over to Mrs. Ruck before she signed it. I swear I read it to her. I did not make the inquiry as to whether the hereditary insanity was true. She said that her husband's father and brother were eccentric. I do not think that every person who is eccentric, should be confined like Mr. Ruck has been. I think the hereditary eccentricity and intemperance were the cause. Dr. Conolly and I were together when we examined Mr. Ruck. I did not know that the act of parliament says the examinations should be made separately. I never read the act of parliament. I did not know before you told me that it was a misdemeanour to make the examination conjointly. Mr. Ruck choose to ride outside the coach from Shrewsbury to Reading. I rode inside with his wife. I did not consider it altogether safe for him to ride outside. I did say in the order I signed that he was profligate in his expenditure. He had a share in a piece of land which he supposed to hold a rich mine. I knew it did not contain anything. Mr. Williams, his wife's solicitor, told me. It was not a fact known to myself that he was profligate in his expenditure. It was wrong for me to put it down as such in the certificate. He told me he had exceeded his income. I would not sign a certificate to lock up everybody who exceeded his income. He did not reimburse me in my expenses for the journey to Reading. Dr. Conolly recommended Moorcroft House. I do not know Dr. Conolly is the physician of that place. I say in the order I signed, as a fact known to myself, that he is addicted to intemperance. I never noticed it but when in the

train from Shrewsbury, when he had a bottle of stout at Shrewsbury, and two glasses of ale at Stafford. I have known him since 1851, and have dined with him, but never saw him inclined so at any other time but the one I have mentioned.

Dr Conolly examined by Mr. M. CHAMBERS: I went down to see Mr. Ruck on the 3rd of November, while he was at Reading. I should state that I saw Mr. Ruck alone, in accordance with the act. When I saw him he said his wife had been guilty of great infidelity with a number of persons; in fact, that she was not particular with any one with whom she travelled. He mentioned to me that when at Welchpool she was not in sobriety, and some one in the carriage had had connection with her. I have seen him at Moorcroft House, but my mind being made up, I felt satisfied of his condition without speaking to him. I generally avoid referring in these cases to the leading delusions. My opinion is, that Mr. Ruck entertains insane delusions of a dangerous kind, and requires restraint. His delusions would be likely to lead to danger towards himself, his wife, and her supposed paramours. I have heard him declare, as lately as the 18th of June, that he heard his wife go into an adjoining room at Welchpool, and there commit adultery; and he then said he found his wife befouled by other men. He also said that her conduct was notorious, and that it was even known to the drovers on the road. I have known those that have lost their delusions express surprise that they ever entertained them. Speaking from what I have seen of Mr. Ruck, I cannot help saying it would be insecure to himself and his friends to allow him to go at large.

Cross-examined by Mr. EDWIN JAMES: I believe that Mr. Ruck may recover, but it would be at the term of a year or a year and a half. I should not say his case is one of acute mania, but I should designate his case as maniacal. I am consulting physician to Moorcroft House Asylum, and am paid by fees. I know the act says that a certificate should not be signed by any medical man connected with the establishment. I do not consider myself connected with the establishment, as I only send male patients to it. I do not remember receiving a letter from Mr. Stilwell, stating that Mr. Ruck was well, and should not be detained; nor did I receive any verbal message of that sort. I never heard of Mr. Ruck having committed any sort of violence towards his wife or any one else.

Re-examined by Mr. MONTAGU CHAMBERS: According to the usual tests, Mr. Ruck has not got rid of the delusions which he entertained.

By the MASTER: I should expect that the departure of the delusions would be marked by a desire to return to his wife and express his regret for the accusations to which she had been subjected by him.

Dr. Stillwell, examined by Mr. SERJEANT BALLANTINE: I am the proprietor of Moorcroft House. Mr. Ruck was first brought to my place on November 5th last, and has remained there ever since. I took every opportunity of ascertaining his state of mind. He laboured under delusions about his wife. My opinion is, that he is of unsound mind. Since this commission he has refused to speak to me, except in the presence of his solicitor. That was continued down to the present time. My opinion now is, that he is insane. He wished to take his pistol-case and trunk to town on Sunday evening, and when I told him he could not, he said that it was that confounded Barnett and his wife again. I am 27 years of age.

Cross-examined by Mr. JAMES: I gave that expression about Barnett and his wife as a delusion. I believed it to refer to the removal of his trunk. My opinion is, that Mr. Ruck is still insane. I cannot form an opinion as to whether he is curable. I have been two years at Moorcroft; before that, six months at the Derby county asylum, and previous to that I was two years at the Morningside asylum. I am responsible at Moorcroft House. I acted under the orders of Mr. Barnett in refusing to allow Mr. Ruck to see Mr. Fisher, the barrister, who is his brother-in-law, or Mr. Wainwright. I did so without asking him if Mrs. Ruck gave the order. I interdicted him from posting any letters. All his letters were first sent to Mrs. Ruck. I believe Mr. Ruck was and is capable of writing a sensible letter. It is not a rule to interdict the postage of letters in every case. I like to see to whom they are addressed. Mr. Fisher called two days after Mr. Ruck was confined. I would not let him see him. I don't recollect that I told Mr. Ruck Mr. Fisher had called. After the first two days Mr. Ruck was improving. He was slightly excited. He never committed any acts of violence. I don't know whether a sane man would not be slightly excited if he was confined in a lunatic asylum. The Commissioners of Lunacy have seen Mr. Ruck four times. I don't think he ever saw them, unless in my presence or that of my assistant. I stated his case to them. He wished to state his case to them, and he did so on the 14th of November, when they made an entry to this effect, "We have conversed with Mr. Ruck, and find he is considerably improved, and will shortly be discharged. It does not appear to us, however, that the delusions under which he labours are entirely removed." The commissioners were Mr. Campbell and Mr. Gaskell. He broke down before the commissioners; by that I mean he got worse. On December 15th the commissioners called, but Mr. Ruck was out. If the patients are out the commissioners do not see them. On February 22nd, 1858, Dr. Nairn and Mr. Lutwidge visited him, and expressed an opinion that he laboured as strong as possible under the same delusions with respect to his wife. On May 13th, Mr. Wilks and Mr. Campbell visited him, and expressed an opinion that he still entertained the delusions. On August 19th, the com-

commissioners again paid a visit to him, but in consequence of this commission they would not enter into the case. The commissioners see patients about four times a year. The last time Mr. Ruck expressed his delusions was about a week after I made my affidavit on June 14th. I keep a "case book," but I have not got it with me. I do not know I made any entry of that. I should think there were entries in that book showing that he entertained those delusions which justified me in keeping him. I believe that he takes due and proper care of the money allowed him. I might have said that he was as sensible in business matters as any other man. Since I have heard a more correct history of the case I have altered the opinion I expressed in the certificate under which I keep him, that the state of Mr. Ruck, was owing to the abuse of intoxicating drinks. I understand he did not drink. I cannot say when I altered my opinion. I never saw him under the influence of drink but once, and that was when he was taken out to dinner by Mr. Fisher. It has taken some time to alter the opinion. It may be within a month, or perhaps two. It was not in consequence of this commission. I have had several cases of excitement in my asylum, and cured them.

Re-examined by Mr. SERJEANT BALLANTINE: The commissioners attend the asylum without giving any notice. I was educated as a physician, and my uncle kept the asylum before myself. When a person is suffering from drink, we do not leave off stimulants suddenly, but they are allowed wine and beer. If Mr. Ruck had been sane, he would have said he was sorry that he had entertained such delusions, but instead of that he declined to speak on the subject.

By the MASTER: I have known cases where the patients have not been able to control their minds as to the delusions. The last time I tested his mind was June 21; I have tried since, but failed.

By the JURY: The difference between delirium tremens and insanity is that in the one the delusions depart, but in insanity they do not.

By the MASTER: On Sunday last, and I think also on Monday I spoke to him on the subject, but he refused to have anything to say to me, unless in the presence of his lawyer.

Mr. Thomas Weller, examined by Mr. VAUGHAN: I have been assistant at Moorcroft House for 16 or 17 years. I remember Mr. Ruck wishing to have an interview with me. That was in March. He began by telling me of Mrs. Ruck's infidelity. He said he had ocular demonstration of it at Welchpool. He said during the night he saw her beckon to the men, and they said "Hush, he is not yet asleep." He said he saw her drinking with the men, and talking obscenity. He said that the people at the railway station spoke about her disgusting behaviour, and pitying him, saying if they were Mr. Ruck they would get rid of such a wife. At Reading he

said he was sure Mr. Barnett had criminal conversation with his wife, and wanted to poison him. On the next day he went over the same ground again, and I remonstrated with him. He said to me, "I see it is of no use speaking to you, you are like the rest." Mr. Wainwright had interviews with Mr. Ruck, and one day, after he had been some hours with Mr. Wainwright, he asked who he was, and said he was thrust on him by Mr. Fisher.

Richard Brown, the attendant on Mr. Ruck since January, frequently walked out with him. Mr. Ruck said his wife, his mother, and Mr. Barnett had tried to poison him. He would go out of his way two miles to avoid red petticoats. The witness corroborated the other witnesses with regard to Mr. Ruck's allegations of his wife's infidelity and prostitution.

Mr. Ruck was then called. His face was flushed, but he did not appear excited.

In answer to the MASTER, he said he had heard the evidence, and was not excited by it. He wished to add that at the time the delusions came over him, he was in a confused and agitated state of mind; and he was caught up and placed in an asylum before he had time to investigate whether his delusions and suspicions were well founded. His excitement was brought on by drink. He had not seen his wife since February till yesterday.

MASTER: And were you happy to see her? *Mr. Ruck*: I was happy to see her looking so well.

Your mind is now disabused of all the impressions against your wife?—Quite so.

Can you explain to the jury how you came to take up with them?—In the state I was in I thought I heard the coachman say he had placed his hand upon my wife. I was excited by drink at the time. I have not been so since, except on Monday last, when I was a little excited. I should have got rid of the delusions before had they not been revived by Dr. Stillwell. But I wished to get the facts cleared up.

And have they been cleared up?—Yes.

Who cleared them up for you?—Mr. Wainwright.

What steps has he taken?—Quite sufficient to show me that my delusions were only the work of imagination; I require no further investigation.

In reply to various questions, he added that one fact was that the gentleman who came in the coach with them to Welchpool did not come in the morning. He pointed out that there was a discrepancy in the evidence of Mr. Barnett and Mr. Thurston about the pistol. His remarks about what occurred at the railway station were also untrue. He fancied that he heard voices; but, knowing that he must be mistaken, he now thought no more about them.

When did Mr. Wainwright make his communication to you?—On the 14th of June last. I have not seen Miss Jones since I saw her at my house. I never saw her two children. I suppose they

are living. I locked her up because she was drunk. My wife said she would serve me as I had served her, but I never suspected her of infidelity. A great deal of what it is said I charged her with I have no recollection of saying.

How was it that, your mind having been disabused for several weeks, you did not seek your wife? It was no use. She was acting under the advice of the doctors, and would not see me.

He further stated that the books which he tore up were books on midwifery, with plates, and others on the venereal disease. He explained several other points of the case, and said that Thurston was a notorious liar. He never suspected Thurston or Barnett of misconduct with his wife.

In reply to a juror, he stated that he had on several occasions expressed sorrow and regret at having made these unfounded charges against his wife.

He was then questioned with regard to his property, and he said that he had altogether about 1500*l* a year, and as to his having wasted money in seeking for slate mines, he said that all he had expended in this way was about 50*l*., and he did this upon the reports of competent persons, who assured him there was a probability of slate being discovered. He had expended 500*l*. upon a quarry upon his estate, and that had turned out a very good operation.

Dr. Sutherland was then examined.—He said that he had an interview with Mr. Ruck on May the 19th, and on one other occasion on June the 9th. He had previously been furnished with the history of his delusions. At the first meeting Mr. Ruck refused to enter into communication with a stranger. Witness was introduced to him as Dr. Sutherland by Dr. Stillwell. On the 9th of June he again saw him, and told him that he had made inquiries and found there were differences of opinion, and that he (witness) regarded it in the light of a tragedy. The moment witness said this, Mr. Ruck said that he must hear his story. He then said that a commercial traveller, named Peach, had insisted upon getting inside the mail coach as he and his wife were going to Welchpool, and that he had ascertained that he had travelled with his wife and child on the previous day, and that when his wife saw Peach she said she would come to him, and this was a convincing proof of her infidelity. He then said that upon arriving at Moorcroft he found there was a patient named Peach there, and he thought he was the brother of the commercial traveller, and that his wife had placed him there. Mr. Ruck also told him that he thought Mary Jones had murdered her two children, and the reason for his thinking so was that she was sleeping with a commercial traveller in the next room; he said that if she did not satisfy him (Mr. Ruck) she would swing for it. Mary Jones, he then said, came to his bed and laid down by his side and said, "Dearest Lawrence." Mr. Ruck entered into various details as to what occurred at

Welchpool, and he said that his wife had had criminal connection with one of the men who was set to watch him, and that the other man was looking on at the time. Mr. Ruck also told him that his wife's conduct was quite notorious, and he had heard people remark while he was on a journey with her, "How strange—there goes a lady who bilked her husband." He also said that at Stafford a drover, who was on the platform, addressed his wife, and said "Mary Anne, come to me;" and another drover made a disgusting observation respecting his wife. He then said that when he was at Mr. Barnett's, Mr. Barnett and his wife drank sherry, and passed some port to him, and after he had tasted it he felt that he was not safe, and left the house. He also told him that he observed something like corrosive sublimate round the edge of the tea cup, and after tasting the tea he would not drink any more of it, and he said that something was put upon his bread and butter, which he put in his portmanteau to have it analysed. He then said that he believed Mary Jones had murdered his children, and he should have the matter investigated. The witness expressed his opinion that from all he observed he had no doubt that at this time Mr. Ruck was insane, and he said he agreed with Dr. Stillwell that while these impressions remained upon his mind it would be very dangerous to allow him to be at large. He had heard Mr. Ruck deny that this conversation had taken place, and the course of his experience went to show that persons who had delusions if they were tutored would sometimes deny having those delusions, but under ordinary circumstances the questioning of a person who had delusions upon the subject would be to bring them out at once. Witness considered that Mr. Ruck was very much better now than he was in June, but still he considered that it would be very dangerous to set him at large.

Cross-examined: It was a symptom of mania to tear up old clothes (a laugh).

Mr. JAMES: Then tearing up an old coat is a symptom of mania?

The *Witness* said that tearing up old clothes was always considered a proof of mania. Dr. Stillwell gave him "the key," as it was termed, of his delusions, and mentioned that he believed he was possessed of large property in mines, and that he believed it to be much larger than it really was. Witness first went to see Mr. Ruck at the request of Dr. Stillwell. Witness was of opinion that the insanity of Mr. Ruck was in a great measure to be attributed to excessive drinking. He had not seen Mr. Ruck since June. His malady was one that was certainly curable, but if he were to be at large, and were to drink to excess again, he would be very liable to a relapse. Mr. Ruck never told him that he had actually seen his wife commit an act of infidelity. A good deal depended upon the moral treatment of a patient who was labouring under delusions of this character, and it was very important that an opportunity should be afforded to the party to make inquiry, in

order to satisfy him that there was no ground for his delusions, and that the cure very much depended upon this being done.

Mr. JAMES then inquired whether preventing a man from having communication with his friends and making inquiries was not very much calculated to prevent the delusions from being dispelled.

Dr. Sutherland for some time declined to give a direct answer to this question, and he at length said he thought it would have been better if the inquiry had taken place sooner.

Re-examined: Witness was not aware of any proceedings having been taken by Mrs. Ruck, or any other person, to prevent this inquiry from taking place at an earlier period.

Dr. Forbes Winslow was the next witness. He said that he saw Mr. Ruck on the 9th of May, in the garden of Moorcroft House, and walked about with him. It was a long time before he could make any reference to the subject of his delusions; and after about an hour had elapsed he said he would make a clean breast of it. He then said that the conduct of his wife had been so disgraceful that he could not forgive it. Witness suggested that he might be mistaken in his notions, but he said he was not, and said that her conduct had been such that he could never live with her again. He then said he had no doubt there was an improper intimacy between Mr. Barnett and his wife, and that the railway officials and the stable boys all knew of his wife's misconduct, and that in point of fact she was nothing better than a common prostitute. Dr. Winslow concluded by stating that he had no doubt those ideas were the result of a distempered fancy, and from all he had heard he did not believe those delusions had altogether passed away from his mind. It was a very common occurrence for lunatics to conceal their delusions, and he knew of a case where he had examined a patient who had many dangerous delusions for three days, and he told him that he knew they were delusions, and he was sorry that he had ever entertained them, and he prayed to be set at large, and by witness's advice he was set at liberty; and within three days he was found with a carving knife secreted up his sleeve, and with an evident intention to do mischief to some person. In his opinion Mr. Ruck ought not to be set at large, but he thought he ought to be placed under different treatment, and to have much more liberty afforded to him than he enjoyed at present.

Cross-examined: Mr. Ruck was certainly much better now than he was in June. He was the proprietor of an asylum similar to Moorcroft House, and had had great experience in matters of this kind; and he certainly considered that where a man was labouring under delusions it was not an improper proceeding to prevent him from having communication with his friends.

Re-examined: Some cases of delirium tremens are almost incurable. He did not think that the delusions of Mr. Ruck were quite gone at the present moment.

By the MASTER: From all I have heard, I am of opinion

that the delusions still, to a certain extent, remain upon his mind ; and I should not like to incur the responsibility of ordering him to be set at large. I think he ought to have as much liberty as is consistent with his personal safety, and I believe that in time he may entirely recover.

Dr. Connolly was re-called and examined: He said—I have heard the statement Mr. Ruck has made to-day, and it has only modified my opinion. I think that he is better, but I expected after his hearing what I stated yesterday as to the symptoms of cure, that he would have denied that he still entertained any of these delusions.

Mr. Ruck was here re-called, and at the suggestion of Mr. James he was asked whether he had cut up the coat and shawl, and he denied having done so, and he said he did not know by whom it was done, unless it was done by Miss Jones.

Serjeant Ballantine then proceeded to give a most able summing up of the case in support of the petition, and he urged that there was abundant evidence at all events to show that it would be highly dangerous at the present moment to trust Mr. Ruck with his liberty, and that he certainly ought for some time longer to be kept under wholesome and mild restraint.

The following evidence was then taken on the part of Mr. Ruck :—

Mr. Fisher examined by Mr. PETERSDORFF : I am a member of the bar. I married a sister of Mr. Ruck. I have stopped for a month together, and have had good opportunities of watching the conduct of Mr. and Mrs. Ruck. Mr. Ruck was a very temperate man. He saw no change of mind in 1851, 1853, or 1855. I had some conversation with him about the value of his mines. I went down one of them. I should say they were of great value. He did not appear to express exaggerated remarks about the mines. He used to bring up samples. In August, 1857, he spoke about joining Mr. Taylor. The value of these mines was the subject of repeated conversations between us all. I thought he looked better than ever when I saw him in August, 1857. The first intimation I had that he was insane was on the 5th of November, when Mr. Gore had letters on the subject. I was surprised to hear that he had been locked up, and expressed my extreme displeasure to Mrs. Ruck and Mr. Barnett. I went to Moorcroft two days afterwards. I saw Dr. Stillwell, and I applied to see Mr. Ruck. He refused to allow me to have an interview with him. I told him who I was. He said he would allow me to see him, and I saw him in the garden from a bed-room window. I inquired the cause of his being there, and Dr. Stillwell said he was labouring under delirium tremens, and it might be unfavourable to Mr. Ruck if I spoke to him. I went again on the Monday following, the 9th. Mrs. Fisher was with me. Dr. Stillwell was out at the time, and we waited some time till he came in. Dr. Stillwell said we should see

him, but we were on no account to speak to him on matters touching his state. Mr. Ruck came into the room, and appeared as cheerful and well as ever he did. He spoke in quite a natural manner, and asked after several members of his family.

Then you did not observe anything in his manner that would lead you to suppose that his mind was in any way affected? I saw nothing that would indicate anything of the kind.

You did not speak to him as to his condition?—No, I did not. I was guided by what Dr. Stillwell said of him. I saw Mr. Ruck again in April. Mrs. Fisher was with me. Dr. Stillwell said we should see him and form our opinion. Mr. Ruck complained of his family leaving him, and inquired about what Mr. Ockworth had done. He said that he must get out of the place. Dr. Barnett and his wife had placed him there, and he wished that something might be done to get him out of the asylum. I mentioned that I would bring Mr. Wainwright down, and that inquiries should be made. On the following day I went to the asylum, and introduced Mr. Wainwright. Mr. Ruck went into a narrative of his coming from the country, and being met by his wife. He directed Mr. Wainwright to have the opinion of a physician, and to take proceedings to effect his liberation. I do not think I saw Mr. Ruck again at the asylum. On the 9th of June I received a letter from Dr. Stillwell, refusing me admission to see Mr. Ruck. I had previously applied at the asylum. I saw him in July, when he was before the Lords Justices. He was very intelligent and rational. He did not allude to Mrs. Ruck, nor did I.

You have been with him the last few days?—Yes; I have been staying at the hotel with him, and he appears quite an emancipated man.

Have you spoken to him about these delusions?—I have and he said they had entirely left him. He never thought of them. Mr. Wainwright had fully satisfied him that they were delusions, and they now never entered his mind.

Then you think he is fit to govern his own affairs?—I do. It would be an act of cruelty to confine him longer. It would drive him mad.

Cross-examined: I was told that Mr. Ruck charged his wife with infidelity. He told me that he had some suspicion that his wife had been intimate with Mr. Barnett. Heard said that he thought Mr. Barnett had put poison in his port wine. I told him that there was not the least ground for his suspicions. He said this was the first time he had had an opportunity of conversing with any of his family, and expressed himself that his suspicions must be unfounded.

Re-examined: He was anxious for an inquiry.

By a JUROR: He said that we had some difficulty in posting letters from the asylum.

By the MASTER: Mr. Ruck has a brother who had visited him.

Dr. Stillwell recalled: I wrote the entry in the case (asylum) book respecting Mr. Ruck—"There is a hereditary predisposition to insanity in the family," from what was stated in the certificate.

The witness was then questioned as to other statements contained in the report of the case, some of which were that he had spent large sums of money in sinking pits to work for ore upon his estate, and that he had threatened to shoot his wife's sister, and he said that he had made these statements upon the information furnished by Mr. Barnett and other persons.

Mrs. Sarah Fisher, the wife of the last witness, and sister of the alleged lunatic, deposed that she had five sisters and brothers. Her father was dead. She never observed anything eccentric in his conduct, or that he had any predisposition to insanity. She never heard of such a thing till she heard the statement of Mrs. Ruck. She said she had frequent opportunities, of course, of seeing her brother, and never observed any violence in his conduct, or heard of his acting in a violent manner. She had always understood that her brother's mines and quarries were valuable, and she frequently conversed with him upon the subject. The witness then proceeded to corroborate the statement of her husband as to what took place when they went to visit Mr. Ruck at the asylum. She also stated that in her opinion her brother was at the present time quite sensible and rational, and in the same condition he always had been.

Mrs. Ruck, the mother of the alleged lunatic, was the next witness. She merely proved that there had been no insanity in the family.

Mr. Wainwright was then examined. He deposed that he acted as solicitor for Mr. Ruck in these proceedings. He had no knowledge of him before the 7th of last November, when Mr. Fisher, whom he had known for several years, made a communication to him, and he accompanied him to Moorcroft House. Dr. Stillwell showed him the medical certificates, and assigned as a reason for their not being permitted to communicate with him, that he was labouring under delirium tremens. He subsequently had an interview with Mr. Ruck, and ascertained what his delusion was with regard to what had occurred in the mail coach with Mr. Peach, and the other matters which had been referred to. Dr. Seymour accompanied him, and conversed with Mr. Ruck, and it turned out that one of the supposed delusions that a governess had had two children by him, and also his opinions upon the subject of his slate quarries, were not delusions at all, but facts. Mr. Weller had previously stated that these were two of the delusions upon which the opinion of the insanity of Mr. Ruck was supposed to be founded. Mr. Weller stated that the third delusion was that Mr. Ruck had seen his wife commit a criminal act in the mail coach, and Mr. Ruck interposed and denied having said that he saw it, and said that he had merely suspected it. Witness then said that it would be very improper to keep him

longer in the asylum, and that Dr. Seymour recommended he should be immediately set at liberty. He afterwards communicated with Mrs. Ruck, and strongly advised her to keep the matter from the knowledge of the public. She then intimated that she did not think she should ever live with Mr. Ruck again, and something was said about a settlement. Mr. Williams, who acted as solicitor for Mrs. Ruck, subsequently communicated with Mr. Ruck and saw him again, and then informed him that Mrs. Ruck had made up her mind not to live with her husband again, and that this must be the basis of any arrangement that was come to. Mr. Wainwright said that he endeavoured to do all that was possible to effect an amicable settlement, and to avoid the necessity of publicity, but he was told he must concede the fact that Mr. Ruck was insane, and this he refused to do, and the endeavour to effect an arrangement consequently came to nothing, and he went on with the necessary proceedings to effect the release of Mr. Ruck. He saw him at the asylum on the 12th and 19th of May, and on the latter day he told him of his delusions respecting his wife, but he appeared to treat them as suspicions rather than facts, and he wished witness to go to Welchpool and make inquiries. Witness asked him to give him an order upon his brother-in-law, Mr. Goord, for the money to pay the necessary expenses, and pen, ink, and paper were sent for, but Dr. Stillwell came into the room, and said he could not allow Mr. Ruck to sign any order for money. Mrs. Ruck was in the asylum at the time, and she also said that an order for money should be given, and if Mr. Ruck signed any order upon Mr. Goord, he would not pay it. He went again to see Mr. Ruck on the 25th of May, but he was not permitted to do so, as he understood, by the direction of Mrs. Ruck, and he was compelled to threaten to apply to the Court before he was allowed to see him again. Mr. Ruck then requested him to go into the country, and make inquiries upon the subject of his suspicions, and he gave him the names of persons to whom he said he ought to apply for information, and gave him also letters of introduction. He accordingly went to Welchpool and other places, and upon his return he told him that he had ascertained that he was very drunk all the time, and that there was not the slightest foundation for the suspicions he had entertained of his wife. Mr. Ruck appeared perfectly satisfied with his explanation, and exclaimed, "What a fool I must have been!" At this time the commission was very shortly coming on for hearing, and he advised Mr. Ruck not to speak to any one about his delusions except in the presence of himself or some medical man. He concluded by expressing an opinion that Mr. Ruck was now perfectly sane.

Mr. Wainwright was cross-examined at very considerable length, but nothing very material was elicited from him. He said that in his opinion Mr. Ruck never had been insane. He denied that he had made a suggestion that Mr. Ruck should be placed in a

cottage, and that Dr. Seymour should attend upon him, but he said that something of the kind he believed was mentioned by Mr. Williams, or some other person. It appeared that he was compelled to apply to the Lords Justices in order to obtain money for the costs of opposing the commission, and that Mr. Goord was eventually directed to pay a sum of 250*l.* out of the alleged lunatic's funds for that purpose. Mr. Ruck insisted upon his telling him everything he did when he went into the country to make inquiries, and the names of the persons he spoke to. He had no doubt that Mr. Ruck was in a very drunken and excited state during the journey to Welchpool, and he learned that fact from every one who saw him during the period.

Mr. Robert Jones deposed that he resided near Aberdovey, and was acquainted with Mr. Ruck, but not intimately. He was a director of a railway in that neighbourhood, and he attended some meetings in August last, at which witness, who was also a director, was present. He did not observe anything material in his proceedings; and, from what he observed, he was perfectly sane at that time. He was aware that Mr. Ruck had a stone quarry upon his estate, and he frequently spoke about it.

Cross-examined: Believed Mr. Ruck had 100 shares in the undertaking of 10*l.* each, and that he had paid 3*l.* upon each share. He was sorry to say their share list was rather low (a laugh).

Mr. Robert Hughes, a quarryman, proved that he was instructed by Mr. Ruck in July of last year, to inspect some quarries belonging to him. He did so, and made a report upon the subject.

The report was put in and read. It was to the effect that the prospects of the quarry were favourable, and that it might be worked to great advantage.

The witness added, that in his opinion the place was not properly worked, and that there were many things very favourable to an outlay of capital.

Cross-examined: It would require an outlay of about 150*l.* to give the place a fair trial. He believed about 400*l.* had been already expended.

Mr. W. Owen, a surgeon of Machynlleth, deposed that he saw Mr. Ruck, at the Eagle Hotel, in October. He was in a very excited state, and was walking about with a bottle of wine in his hand. He considered that he was at this time suffering from the effects of drink.

Cross-examined: He had a share in some land which he sold to Mr. Ruck. He sold it to him for 100*l.* The sum he originally gave for it was 5*l.*

George Randell, who was formerly one of the attendants at Moorcroft, deposed that Mr. Ruck was placed in his charge. He remembered his being brought in, and he attended upon him for three months, and slept in the same room with him. They also

went fox-hunting and stag-hunting together. He used to make reports of his conduct, and both Dr. Stillwell and Mr. Weller said they could not see much the matter with him. Upon one occasion Mrs. Ruck came to see her husband, and Dr. Stilwell told him to listen at the door, and hear what occurred. He did so, and he took her (a laugh) very kindly, and they seemed very affectionate. They used to give him emetics occasionally in his tea, and on one occasion another patient got the emetic instead of him—(a laugh). In witness's opinion he was as sane as any gentleman now in the room. Dr. Stillwell once said that he was going on nicely. This was not after he had taken an emetic. Witness was directed not to allow Mr. Ruck to post any letter, but after he left he told him he would "open the ball" for him, and he took the letter to Mr. Ackworth, his solicitor.

Cross-examined: He was paid 10s. a week at the asylum, and he had his board besides. When Mr. Ruck first came in, he took him to some of his friends, and they said they could not see anything in him—(a laugh). He took Mr. Ruck to his aunt, and he behaved like any other gentleman; he took a glass of wine, and had some cake—(laughter).

Re-examined: In the first instance witness had orders not to allow Mr. Ruck to post a letter to any one, not even to his wife. No patient was allowed to be seen by his friends or relations until he was first seen by the physician of the establishment.

Thomas Randell, also formerly an attendant at the asylum, deposed that he was discharged in consequence of Dr. Stillwell suspecting that he had posted a letter from Mr. Ruck. He had previously told him not to post any letters for Mr. Ruck, or else he said the lawyers would be at work. Mr. Ruck frequently walked about the meadow with him, and he used to say that he was very anxious to have his case investigated.

Dr. H. Tuke was then called. He said that he had been eleven years proprietor of a lunatic asylum at Chiswick, and had had great experience in the treatment of lunatics. He had seen Mr. Ruck upon three occasions, and he believed he was now perfectly sane. In his opinion, he had been suffering from mania occasioned by drinking. A man in such a condition was subject to delusions, and the best way to remove these delusions would be to give him an opportunity for investigation to satisfy his mind. In the case of madness arising from drink, he was of opinion that it was not an advisable course to place the patient in an asylum.

Cross-examined: He had three interviews with Mr. Ruck, on the 9th, 14th, and 21st of August. One of them lasted for two hours. He said he had been jealous of his wife, and he appeared to think he had some cause, and explained that he and his wife had not lived very happily; and that his wife told him that if she caught him intriguing with other women, she would revenge herself by acting in the same way with other men.

By *Mr. James*: The manner in which Mr. Ruck stated to me that his illusions were dispelled satisfied me that such was the case.

Dr. Seymour, formerly a commissioner of lunacy, deposed that he saw Mr. Ruck first on the 21st of April, and he visited him also upon two other occasions; from all he had heard, and from his own observation, he had no doubt that Mr. Ruck's was a case of drunken madness; and it appeared to him that the proper way to have treated him was by gentle care at home, and that he ought never to have been sent to a lunatic asylum. He was aware of the nature of the delusions he entertained, and at the two last interviews he conversed with him for a long time upon the subject, and he was satisfied that they had now entirely passed away, and that he was in a perfectly sound state of mind, and that it would be worse than a hardship to send him back to the asylum.

Cross-examined: If Mr. Ruck were again to addict himself to intemperate habits the malady would doubtless return, but if he abstained from drink it was very probable that he would enjoy better health than he had ever done in his life after this attack.

Mr. Skey, one of the senior surgeons at St. Bartholomew's Hospital gave similar evidence, and he also expressed a positive opinion that it was a case of madness from drink, and that the delusions under which Mr. Ruck's mind had been labouring had now entirely passed away.

Mr. Lawrence, senior surgeon at St. Bartholomew's gave the same evidence, and stated that in his opinion Mr. Ruck was of perfectly sound mind at the present moment.

In answer to a question put by *Mr. Chambers*, *Mr. Lawrence* said he could hardly express an opinion that it would be advisable at once to set Mr. Ruck at liberty and make him an entirely free agent, because if he were to drink to any extent his malady would no doubt return, and dangerous consequences might result.

By *Mr. James*: Witness had no doubt whatever that at this moment Mr. Ruck was in a perfectly sound state of mind.

Dr. Copland gave similar evidence.

Mr. Gay, senior surgeon to the Great Northern Hospital and Idiot Asylum, and *Dr. Johnson*, physician to King's College Hospital gave similar evidence. They both expressed their opinion that it was a case of drunken madness, such as might have been speedily cured by the patient being kept quiet and debarred from intoxicating liquors. They also said that there were cases where a patient had the cunning to conceal his delusions, and to make it appear that they no longer existed; but they expressed a positive opinion that this was not the case with Mr. Ruck, and that his mind was now completely recovered.

Mr. Wainwright was recalled by the request of the Master and he stated that it was on the 28th of May that Mr. Ruck first requested him to make inquiries, but he was not allowed to see him for some time, and he did not go into the country to make inquiries

until the 12th of July. When his delusions were dispelled, he asked witness what he had better do, and he told him that under ordinary circumstances the proper course would be to communicate with his wife ; but as this was a peculiar case, he could not advise him without consideration, and he afterwards told him he thought he had better not communicate with the doctor or any one else, except in his presence, or that of some independent medical man. The delusions were present to his mind undoubtedly down to the period when he gave him the information that there was no foundation for them.

By the JURY: His object in giving this advice was that no advantage should be taken of him, and that some one should be present to hear what actually took place.

The MASTER then proceeded to sum up the evidence, and he said that the only question the jury had to consider was whether at this moment Mr. Ruck was of sound mind and competent to manage his own affairs, and to protect his own interests, or whether he was of unsound mind and incompetent to do so. He would observe that they ought not to allow any prejudices of a popular kind to interfere in any manner with their decision ; and he felt assured that they would give their verdict upon the evidence that had been laid before them, and upon that alone. They had nothing whatever to do with the question whether Mr. Ruck had been confined legally or illegally ; and all they were called upon to do was to say by their verdict whether, at this moment, Mr. Ruck was or was not of sound mind. The present was, undoubtedly, a very painful case, and no one could help feeling commiseration for the unhappy lady who had been compelled to institute these proceedings ; and it was impossible to doubt that she had been actuated by kind and affectionate feelings, and that it was solely under the advice of Dr. Conolly that her husband was sent to this asylum, which, from all he had heard, appeared to have been a very well regulated one. He then said that he considered it quite unnecessary to read the evidence that had been given, because he was quite sure that it must be fresh in their recollection, and he should, therefore, at once leave the matter in their hands and ask them to return their verdict.

When the MASTER had concluded, some of the jury expressed a wish to put a few questions to Mr. Ruck. He was then asked what object he had in wishing to bring his pistols to town on Monday last, and he said that Mr. Wainwright told him to do so in order that the jury might see them, and that they were out of repair. He denied most positively having stated that when he was refused permission he said, it was that confounded Barnett and his wife again. He then declared that the delusions with regard to his wife and Mr. Barnett and others had entirely left him, and that they never had any foundation, but they were the result of a disordered imagination. He added, that he should have communicated with

his wife the moment his mind was restored but he was annoyed at her having instituted the commission of lunacy. In answer to other questions he stated that his children were good children, and he entertained great affection for them, and the reason he had not written to them was that he did not like them to know he was in such a place, but he should go to them immediately he was able to do so.

The Jury retired at a quarter-past three o'clock, and in about ten minutes they returned into court and declared that they were of opinion that Mr. Ruck was of sound mind and competent to manage his affairs.

The number in favour of this verdict was twelve, and there were six dissentients.

The Newspaper Attack on Private Lunatic Asylums.

The above reported inquisitions have created a storm of indignation in the newspaper press, which cannot fail to be of the utmost interest to the members of our Association, first, as a psychological phenomenon; and, secondly, as an event which may possibly have some influence upon future legislation.

As a psychological phenomenon, the general indignation of our newspaper contemporaries, has doubtless in great measure been due to that wonderful law of emotional imitation which sets mobs of men crying, or laughing, or yelling, or fighting in discordant concert. The mob of newspaper writers in the dullest season have suddenly started game, upon which they could all run, and like a scratch pack they have opened their sweet melodious voices upon the poor mad doctor; and a scratch pack it was indeed, with every intonation of threatening cry, from the noble bay of the hound, to the small yap of the cur. It is a wonderful thing this newspaper press of ours, the fifth estate as it is called, the bulwark of right, the palladium of liberty, the great engine of education, the universal instructor of the people in all that is right, and we must add in all that is wrong, the fountain of the pure waters of truth, but alas, sometimes also the sewer of calumnious falsehood. If there is one kind of writing in which the newspaper press is peculiarly powerful it is the vituperative. Reasoning is tedious work, and a comprehensive

convincing argument drags its slow length along more space than the brief and pithy leaders of the newspapers can afford. Even the honied words of praise pall upon the appetite of all except those of whom they are written. But invective, like bitter drinks, creates an artificial taste which ever craves for more ; it is ever welcome, and, moreover, it can be compressed into a small compass. The anathema which made Uncle Toby exclaim that he would not curse the devil so, only occupies a page. It is the very material therefore, for a newspaper leader, short, sharp, and decisive. Besides, there is no exercise so grateful to that prevailing bump which phrenologists call self-esteem, as the application of the moral lash to the bleeding backs of our neighbours, and shall not that estimable and ever trustworthy person who lives by writing newspaper leaders in conformity with the public taste and with his own, hug himself in the conviction that he is better than this publican or this mad doctor, and turn up the whites of his respectable eyes, and use the rough of his tongue or his pen ! But, alas, the libel laws ! He must only kick a man who is already down, or these libel laws will be apt to sprain his ankle, and send him limping off. Therefore individuals must not be attacked ; and as for classes, what is the use of attacking any class which counts by thousands or tens of thousands, the clergy for instance, or the military. The thousandth part of a stone which would break the head of an individual, is but a grain of sand, blowing in the face of the thousandth part of a class, enough perhaps to make him shut his eyes, *i.e.*, not buy the paper, but no more. A small class or calling is the safest and most satisfactory object of attack. The numbers are enough to protect the assailant, but not enough to obstruct the force of the assault. Protected by the shield of anonymous invisibility, armed with the sword of vituperation, the giant queller rushes on the small band whom he finds without the legal defences which surround the individual, and were it not that the wounds thus inflicted have the property of quick and spontaneous cure, the great social array would soon exhibit many a gap produced by the utter annihilation of its smaller bands.

Now, as a pious bishop said on a great occasion, what is it all about ? From among one hundred and forty persons or thereabouts, licensed in England and Wales to receive insane persons into their houses for the purposes of cure and treatment, one unhappy person has been found unworthy of the trust reposed in him. He has used towards a woman

placed under his care, gross language and indelicacy of treatment, and he has been punished by the removal of his license, and by the loud and general reprobation of the public. But what has the newspaper press done? It has assumed that Mr. Metcalfe was a fair type of the class from which he has now been expelled. Truly a just and logical conclusion for those to arrive at and loudly to proclaim, whose noble mission is to teach the public to reason rightly and to judge well? Among the persons who have lately fed the newspaper press with angry articles against asylums was one whom we formerly knew. Before we had the pleasure of his acquaintance he had been in prison five times in about three years, for various crimes of the meaner sort; and at this present time he is undergoing a sentence of three months' imprisonment for a brutal assault upon his wife. Now, would it not be as fair to assume that all the writers of newspaper articles have the social qualities of this man, as it has been to impute the conduct of Mr. Metcalfe, of Accomb House, near York, to the whole class of proprietors of private lunatic asylums?

A greater act of injustice has never been perpetrated by the press, than the attack which it has made upon private lunatic asylums under the calumnious imputation that the gentlemen by whom they are conducted, are capable of the unworthy conduct to which in one solitary instance the anonymous scribes are able to point. Ought not the argument to have been quite the other way? Ought not the just and impartial instructors of the public, rather to have pointed out the disgraceful exposure and condign punishment of the offender, as a safeguard to the public; ought they not rather to have dwelt upon the fact that the keepers of asylums are exposed to more intense provocation, to loss of self control, than perhaps any other men, and yet that this has been the solitary instance in which foul language and harsh conduct has been brought home to any one of them. Surely this would have been more just and more true than to have thrown the mud of Mr. Metcalfe's disgrace indiscriminately over a body of high-minded and most humane gentlemen, who are as incapable of using foul language or harsh conduct to the lowliest woman in the land, as the best man who ever penned a newspaper article.

But the verdicts which have been obtained in these inquiries on Mr. Leach, Mrs. Turner, and Mr. Ruck, have been assumed to prove that the boasted liberty of the subject is at

the mercy of a knot of "mad doctors." (for by this flattering title we are again designated) and that if a man is disagreeably jealous of his wife, or a woman of her husband, or a wealthy bachelor relative contemplates an inconvenient marriage, an unscrupulous relative has nothing to do but to obtain certificates from two medical men, who know no more about lunacy than they do about high mathematics, or the abstruse arcana of organic chemistry, and to obtain the ready acquiescence of the keeper of a private asylum to the imprisonment of the sane person as a lunatic.

We are not disposed to deny that medical practitioners are in general lamentably ignorant of mental disease, and that their certificates of insanity are of little value except as a legal form. But what does this prove against the proprietors of private asylums, unless it be shewn that under such certificates they have admitted and detained sane persons in their custody? It proves that they have not been ready to avail themselves of the weakness of the law and of the ignorance of their medical brethren in relation to insanity; it proves that, notwithstanding their opportunities of doing wrong, they have refrained from it; it redounds to their credit, and ought at least to have averted reproach. There never was a more foolish and unjustifiable outcry than that which has been raised against the proprietors of private asylums, not because they have infringed the law, but because they have not availed themselves of its defects.

But perhaps it will be said that this is begging the question, and that the proprietors of asylums have been convicted in the instances of Mr. Leach, Mrs. Turner, and Mr. Ruck, of detaining in confinement persons proved to be of sound mind. Certainly we are not prepared to assert that any of these persons are not of sound mind. Perhaps it would be libelous to do so; and, moreover, it would clearly be wrong to do so, in the absence of that opportunity of personal examination which was enjoyed by the juries. But this we will assert, that the balance of testimony, as it was reported in the newspapers, was in each case decidedly adverse to the verdict of the jury. In Mrs. Turner's case especially, the verdict was in direct opposition to the evidence. Witness after witness, of the most undoubted impartiality, and of special experience and knowledge in insanity, testified to the lady's insanity, not only when she was admitted into the asylum, but at the actual date of the inquisition. And against this weight of testimony was opposed the evidence of a lunatic asylum keeper, who was not represented as a

medical man, but who stated that he had had the charge of some 2,000 or 3,000 lunatics, and who must therefore have been a very Methuselah of lunatic experience, seeing that his house contained forty-four patients. We had almost forgotten the gentleman who had practised in Liverpool and Shrewsbury, and who has now gone to London at the invitation of the nobility, and who has had experience in the treatment of the insane, although he does not tell us where. These two witnesses testified to Mrs. Turner's sanity, and to the absence of a delusion upon which they avoided questioning her!!!

In the other two cases the balance of testimony was certainly more equally poised. Thus, in Mr. Ruck's case the testimony of Dr. Conolly, Dr. Sutherland, and Dr. Winslow, was opposed by that of Dr. Tuke and Dr. Seymour to the patient's sanity. But it must be remembered that the evidence of the former was positive, while that of the latter was only negative. If we go over a certain tract of ground and flush a dozen coveys, and if Dr. Tuke goes a few days afterwards and does not find a feather, does his want of success prove that there is no game there? Is it not more probable that he has not been lucky enough to try the right fields, or that the weather was wrong and the scent bad on that day? And thus, if Dr. Conolly, or Dr. Sutherland, or Dr. Winslow, find a delusion in Mr. Ruck, and Dr. Tuke does not find it, the equal scientific ability of the witnesses does not render their testimony in this case equal, since it is the nature of negative testimony to be of infinitely less value than that which is positive. Now, in Mr. Ruck's case the weight of positive testimony as to the existence of delusion up to the time when the examinations of Dr. Sutherland and Dr. Winslow were made was irresistible. The solicitor to the supposed lunatic evidently appreciated its full force; and he turned the flank of these unanswerable witnesses by the clever theory that he had made inquiries and offered explanations to Mr. Ruck on the subject of Mrs. Ruck's conduct, which had satisfied that gentleman that his opinions respecting her were delusions. Whether this somewhat late conviction was real or assumed, the jury had the opportunity of judging by the personal examination. It is enough for us to point out that even on the shewing of Mr. Ruck's own solicitor, that gentleman entertained delusions up to a recent period before the inquisition, and therefore that the assumption that this also was an instance of the confinement of a sane man in a private lunatic asylum, was utterly groundless. The delusions

undoubtedly existed up to the time when all responsibility was removed from Dr. Stillwell's shoulders by the legal proceedings preparatory to the inquisition. We do not entertain the shadow of a doubt that when Mr. Ruck was admitted into Hillingdon House he was a dangerous lunatic. If under the treatment he has there met with he has obtained the inestimable blessing of recovery, was it not a strange and ungracious return on the part of his legal representatives to attempt to throw odium on the physician at whose hands he has received it? Granted that the certificate of insanity signed by Mr. Barnett, of Reading, was a document most carelessly drawn up, and for scientific purposes worth as little as the certificates of medical men practically ignorant of mental disease usually are, what business was that of Dr. Stillwell's, so long as the document was legally complete, and the patient when brought to his house was actually insane? If Dr. Stillwell had not been able to satisfy himself of Mr. Ruck's insanity after his admission into Hillingdon, we do not doubt that he would have effected that gentleman's speedy discharge.

These inquisitions, then, do not prove what they have been assumed to prove, namely, that sane persons are actually placed in confinement under the pretext of insanity. All this outcry, therefore, has been raised upon grounds no more relative than this, that if two ignorant or corrupt medical men choose to certify to the insanity of a sane person, and the proprietor of a private asylum chooses to receive and detain him, there is no official machinery to frustrate or prevent such iniquity. Not that the thing has been done, but that it is possible.

We have said that the defects of the lunacy law have been most unjustly attributed as faults to those acting under it.

The possibility of unrighteous detention may certainly now be regarded as a defect in the law, notwithstanding that it may never have been made use of. If no one, indeed, has been injured by it, except the maligned proprietors of private asylums, for their honour and interest, if for no other purpose, it should no longer be left possible to attribute to them the crime of false imprisonment. In referring to any defect in the lunacy statutes, although it may exist but in theory, it is but just to that great and good man who reformed the treatment of the insane in Ireland, and framed the lunacy statutes in this country, to state our conviction that these laws were and still are among the best on the statute book. Acts drawn

by so consummate a lawyer, and so practical and clear-sighted a legislator as Lord St. Leonards, are not apt to be found wanting when put to the test; and it must be remembered that although we here speak of a defect, it has not been proved to be a practical one. The sane people confined in lunatic asylums under the easy facilities of the act, are ghosts of newspaper raising. They cannot be brought to the bar as tangible realities.

Still we would not have the facilities for confining insane persons left exactly where they are, if for no other purpose than to take the wind out of the sails of these panic-mongers, and effectually to reassure the too credulous public. Two ideas naturally present themselves to the mind as means to attain this end. The first is to increase the checks to the first imposition of restraint upon the liberty of a supposed lunatic. This is the idea which the legal mind of course seizes upon. Let no man be imprisoned in an asylum, says the lawyer, until he has been found guilty of insanity by a jury of his peers; let him be tried in the county court, or let there be an inquisition in lunacy in each case, &c., &c. This idea is no doubt in perfect keeping with the spirit of English law, and shews a fine sense of the constitutional liberty of the subject. Practically it is as sensible as it would be to propose that no man under the delirium of fever or comatose from a fractured skull, or with a broken femur protruding through the integuments, should have his personal liberty restrained until the case had been tried by an array of lawyers and jurymen. Nay, to carry the simile out, we must suppose that each lawyer and each jurymen should handle and maul the injured part as they would do the injured functions of the mind. In such a proposition, the main object of residence in an asylum, namely the cure of disease, is entirely overlooked. It would in ninety-nine cases out of a hundred, be a needless machinery of mental torture, and the fruitful cause of chronic and hopeless insanity; to avoid the exposure to which, insane patients would be constantly treated where they are inevitably the worst treated, namely at home, surrounded by the very circumstances which have caused, or at least maintain their delusions. The proposition is not feasible. If any additional check is needed at this stage, it should be of a kind easily obtainable in all straightforward cases, and not likely to excite or alarm the patient. It cannot, we think, be applied in a better form than in that already provided for any patient not a pauper sent to a public asylum, namely, the order of two Justices of the Peace. (*Lunatic Asylums Act, sec. 68.*)

We are well aware that the discretionary power of the Justice in giving or refusing an order for the confinement of pauper lunatics does exercise a beneficial influence upon the carefulness with which medical men certify in these cases, and we cannot but believe that without causing injurious delay or parade, it would have a similar influence in private cases. It is no new fangled notion ; it already stands in the act, and if good for one class of cases, why not for all. We do not for one moment believe that any further check or precaution would be found of the slightest use, or indeed unattended with serious mischief.

The second question which presents itself is the still more important one of the responsibility of detention after a patient has once been received into a private asylum. After the loud outcry which we have recently heard, we feel convinced on one point, namely, that this responsibility ought not to be made to rest upon the proprietor of the asylum. He ought to be responsible for the proper care and treatment of his patient, but not for his detention. It is not good for any man that his honour and his interest should be placed in constant antagonism ; and, although the high-minded and philanthropic medical men to whom the greater part of private asylums are licensed, are as little capable of detaining a recovered patient one day beyond the time demanded by the patient's own welfare, as any ambitious but patriotic general would be of seeking occasions for war, when he might find the grounds of honourable peace ; or, as the highest class of lawyers would be of counselling useless litigation for their own sole profit ; yet, if for no other purpose than for that of avoiding the late scandalous outcry, we hold that the responsibility of detaining in an asylum a patient once legally placed there, ought not to be imposed upon the proprietor. The full weight of this responsibility ought to be placed upon those official persons to whom the Government deposes the duty of seeing that the law of lunacy is properly and effectually carried into practice ; and for this purpose, their visits ought to be sufficiently frequent to prevent the detention of a sane person for any length of time of importance to the welfare of the individual ; and at these visitations every patient ought to be separately and minutely examined, and the result of such examination, and in doubtful cases the details of such examination, ought to be at once reported to the Central Board. Of course the same appeal to the Court of Chancery which is now open to supposed lunatics against the decision of their relatives and of

the medical men employed by them, would be still open to them against the unfavourable decision of the Government officials. The sole important change would be the removal of responsibility of detention from those to whom the public can justly or unjustly impute interested motives to those whose opinion may be good or bad, but whose position would render it unquestionably impartial.

To whom these duties shall be deputed, or how they shall be discharged is beyond the scope of our present intention even to indicate. It has been proposed that resident Medical Inspectors shall be appointed in each provincial district; but, in this, the prime desideratum of impartiality is surely lost sight of. If these duties should devolve upon the Commissioners of Lunacy, of course, the mode of their visitation will need be greatly altered. It is not only that they will have to pay attention to the mental state of the patients in preference to matters of architectural arrangement and domestic economy in the asylums they visit; but they will have to acquire the confidence of the public in their powers, to discriminate between a sound and an unsound mind. We entirely disagree with the views, and disapprove of the strictures which Dr. Huxley has expressed in reference to the medical constitution of the Commission. In our opinion it is the weakness of the medical element, and not its excess, which has been detrimental to that body. At least, it is certain, that if the responsibility of sanctioning the detention or discharge of every private patient in every private asylum be imposed upon the Commissioners in Lunacy, if they are to interpose a trustworthy authority between a suspicious public and the medical men, who for the benefit of the insane are empowered by law to deprive them of liberty, then the Commissioners in Lunacy must possess and exercise an intimate knowledge of the phenomena of insanity, which late circumstances indicate to have been hitherto thought the very last thing needful.

The Establishment of Sea Side Residences for the Insane.

We are sorry to learn from our esteemed associate Dr. Dickson, that all the prejudices and difficulties which we had to overcome, in establishing even for a time a sea-side

residence for our patients at Exmouth, have been experienced by him in the attempt to obtain a license for a private lunatic asylum at Southport. We trust that the Justices at Quarter Sessions will be too impartial to permit the selfish opposition of a few interested persons, whose sympathy with their suffering fellow-creatures is guided by that most sensitive electrometer, the breeches pocket, to shut out the insane from the cheerful and invigorating influences of a residence by the sea side. We have already stated in this Journal how entirely we lived down all the fears and prejudices arrayed against us at Exmouth, and we sincerely trust that Dr. Dickson will be able to do the same. The following choice specimen of mural literature was posted about Southport, for the humane purpose of raising the mad-dog cry :—

"Private Lunatic Asylum.—An establishment of this sort is contemplated in Southport; the site to be either two houses in New Bath-street, or Sea View (Mr. Hargreaves's house). As such an establishment as this tends to lessen the value of property in its vicinity, to exercise an unfavourable influence on schools, and to produce a depressing effect on all around it, you are requested to sign a petition against it, to the Magistrates, at Kirkdale, which lies for signature at Mr. Welsby's Office, Nevill-street."

The Ganglionic Nervous System. By JAMES GEORGE DAVEY, M.D., formerly Superintendent of the County Asylums at Hanwell and Colney Hatch. 8vo., pp. 309. Churchill.

The press of matter having a more direct bearing upon our specialty compels us very unwillingly to abbreviate our review of this interesting and important work to a mere notice. Dr. Davey combats the anatomical views of Dr. M. Hall and Mr. Grainger, and very ably maintains the opinion that there is no necessity for any distinct division of the spinal nervous system for the production of the excitatory phenomena. His peculiar views are, that the exercise of the functions of the chord are due to the influence of the ganglionic system, and that the external and internal excitatory phenomena are alike dependent

on the vital stimulus imparted by the great sympathetic nerve, and that, indeed, both the brain and the spinal chord are subordinated to a specific and independent power with which this nerve is endowed. Dr. Davey traces the remote or centric origin of the excito-motory diseases to some abnormal action originating in the organic nerve-matter. Apoplexy he distinguishes as either ganglionic or cerebral. Dr. Davey's work suffers somewhat from want of arrangement, but it is full of interesting and original matter, and will amply repay perusal.

APPOINTMENTS.

BYRON, Dr. E., to be Medical Superintendent of the Cambridge County Lunatic Asylum.

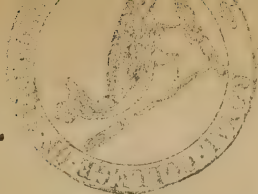
MEYER, Dr., to be Medical Superintendent and Chief Physician of the Surrey County Lunatic Asylum, Wandsworth.

ROBERTSON, Dr. LOCKHART, to be Medical Superintendent of the Sussex County Lunatic Asylum, Hayward's Heath.

WILSON, R. Esq., to be Medical Superintendent of the Northumberland County Lunatic Asylum, Alnwick.

MAUDSLEY, Dr. H., to be Assistant Medical Officer of the Essex County Lunatic Asylum, Brentwood.

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THE JOURNAL OF MENTAL SCIENCE.

No. 28.

JANUARY, 1859.

VOL. V.

*Reports of Lunatic Asylums, published during 1857
and 1858.*

The pressure of other matter has caused us, with regret, to postpone for a longer period than usual our customary analysis of asylum reports. If the mass of these reports do not present any great amount of that which is actually novel ; if, indeed, after having carefully analyzed them for several successive years, we find them going over much the same ground ; this is a circumstance only to be expected from the reports emanating from institutions of a like character, whose aims, objects, and constitution are alike, and whose experience and difficulties are therefore likely to be closely assimilated. We do, indeed, find that in different years the superintendents of different asylums go over much the same ground on such subjects of common interest, as the admission of patients in a late and incurable stage of insanity, or, in a hopeless condition of bodily disease and decay ; the overcrowding of wards ; the deficiency of water supply ; the large proportion of patients afflicted with suicidal propensity ; the relapses occasioned by trials and hardships undergone after discharge ; notices of the routine management of asylums in providing the inmates with means of occupation and of recreation, and other similar subjects, needful, perhaps, for the information of that lay public to which these reports are for the most part addressed, but not so for that of their professional brethren. If these and other matters, which we may call stock subjects for reports, occupy a very large space in their pages, it is not surprising that in each successive year we should find it more

difficult to discover in them a large amount of that which is worthy of permanent record. We know, by experience, how difficult it is year after year, to discover new subjects for even a brief report; how difficult it is to address a lay audience upon matters of medical interest, or to give an account of one's stewardship in a manner which shall be just, without being self-laudatory; a difficulty which constantly increases as the matters, which are suitable for such an address, become exhausted. If, after several periodical notices of these reports, the stock subjects have been commented upon and exhausted, we must hold ourselves excused for going over the same ground in commenting upon the report of one asylum which has already been traversed in the previous report of some other asylum.

The report of a lunatic asylum is, strictly speaking, an account of its management during the past year, rendered to the lay governors and to the public; and it is therefore not to be wondered at that it should contain a small amount of medical information, and that the information of this kind which it does contain, should appear as a side-speech as it were, not exactly out of place, and yet not exactly in accordance with the primary purpose of the document. There are, indeed, a few exceptions to the accuracy of this statement, among which we may particularly notice the valuable medical reports of Dr. Boyd, in this country, and the excellent psychological essays which have for some years emanated from the Dumfries Asylum. The report which has recently issued from the Perth Asylum, also forms a remarkable exception. The same may justly be said of the reports of the Morningside Asylum; and, indeed, the tendency of the Scotch reports generally, appears of late to have been towards professional elaboration, while that of the English reports have been towards a meagre official statement.

We cannot but view the latter fact as a subject for sincere regret, although we ourselves may be among the chief offenders. The medical officers of public asylums have thrust upon them, as it were, so vast an amount of knowledge and experience, whose diffusion would be of the utmost importance to the interests of suffering humanity, that not to communicate this knowledge, and not to extend this experience in every feasible and available manner, would seem to be a dereliction of professional and social duty. The wasted teaching power of lunatic asylums has been commented upon by the medical press with some severity. Although inconveniences may attach to the utilization of this teaching power in the

manner which has been pointed out as desirable, namely, by the admission of medical pupils into asylums; there can, we think, be little doubt that it is incumbent upon the medical men who are, as it were, the hospital surgeons and physicians in the vast field of mental disease, and to whom, year by year, the science of such disease is more exclusively confined, that they should communicate to their professional brethren at large, the increase of their knowledge and the results of their experience in such manner as may be open to them. The annual reports may not be the most convenient vehicle for such professional communications, but they are better than none; and if all the writers of such reports, who do not find other opportunities for the communication of their medical experience, were to consider it a duty to make use of them for that purpose, the accumulated information thus conveyed from many quarters, when carefully analyzed and systematized, would prove an important means of advancing the knowledge and treatment of insanity.

We are supported in our view of the character which it is desirable to impress upon asylum reports, by the measures which have recently been taken by American superintendents for their distribution, as will appear from the following quotation from the report of Dr. Jarvis.

“THE Association of Medical Superintendents of American Institutions for the Insane, at their late annual meeting, in New York, *wishing to diffuse, as widely as possible, the knowledge of mental disease, and the means which are and have been used to manage and relieve it*, and also desiring to make their own experience and observations as useful and profitable to others as may be, voted unanimously,

‘That the Superintendent or government of each Hospital or Asylum for the Insane, should be advised to send, by mail or otherwise, one copy or set of all past reports as complete as possible, and a copy of all future reports of their several institutions, to certain public libraries, and literary and scientific associations, in the several states of America, for permanent preservation and use.

‘That a committee be appointed to select and designate these depositories of the hospital reports, and to publish the list when so selected and prepared, in the *Journal of Insanity*, for the information and guidance of the several superintendents.

‘Dr. Edward Jarvis, of Dorchester, Massachusetts, was appointed as this committee.’”

Our American brethren, therefore, consider the purport of asylum reports to be the diffusion of the knowledge of mental disease, and the means used to manage and relieve it. Dr. Jarvis reports, that copies of these publications ought to be sent to 161 public libraries in the States and in the Canadas; and he states, that thus distributed, they “will form an invaluable contribution to medical and psychological science,

and extend their influence far beyond their present sphere, even to the remotest States of the Union, and through periods of time, far beyond their present temporary notoriety." Perhaps this wider diffusion may stimulate their authors to render them indeed an invaluable contribution to science, and to make them that which Dr. Jarvis, in the following paragraph, describes them to be, but which it would have been more correct to have stated that they might be, and that they ought to be.

"These hospital reports include the history of insanity and its management through the several years since those institutions have been in operation. They are valuable to all the superintendents and officers of similar establishments, for they show the result of a wide experience and long-continued observation of the manifold phases of mental disorder, and of the varied methods of treatment. But beside those who are actively and intimately engaged in the management of the insane, there is a large class in the world who would read, enjoy, and profit by these documents, and who desire and ought to have them within their reach—especially those who are connected with our national and state governments, the legislatures and the executives, who have the responsibility of creating, sustaining, and providing for the management of these institutions;—they need the light that is to be found in these descriptions and histories of lunatic asylums, and should have them in their public libraries where they can be easily found and consulted."

The above observations which we have made in the desire to see improvement, and with no desire to find fault, are, of course, only partially true. It is impossible for a number of men so full of knowledge to write, without conveying important and original information. In the following notice, we shall endeavour to cull such information, to avoid unnecessary criticism, and to add only such comments of our own as may appear needful either for the purpose of elucidation, or of enabling us to state briefly that which in the reports is stated at length.

We commence our notice with the *Bethlem* report, which does not tend to support our assertion of the absence of the medical element, inasmuch as it contains the detail of a most interesting case, in which melancholia with delusions, depending upon physical disease, was cured by the removal of a cellular tumour from the inguinal region, weighing 1 lb. 3 oz. There was a strong tendency to commit suicide, with despondency, and the belief that the patient's inside had been misplaced, that her entrails had left her, and that she must be cut open. The tumour was removed by means of Charrière's écraseur, and the mental state appears to be forthwith improved. After three months she was discharged recovered. The state of melancholia was traced to the influence of the tumour on the patient's mind. The physical condition being removed, its mental effect ceased.

Dr. Hood comments at some length on the unsatisfactory condition of the wards for the male criminal patients. He distinguishes these patients into three classes, namely :

"1st. Men of education and refinement who, under the deep affliction of insanity have committed the acts which have placed them in their present position.

2nd. Men of little education, and humble position in society, who being similarly afflicted, have similarly acted, but who, in general, are harmless, inoffensive, and controllable.

3rd. Men of characters the most debased, whose associates have ever been of the worst description, and whose lengthened career of crime has been suspended by incarceration in a prison, from which they are brought to the hospital on account of insanity, which, in many instances, was only feigned.

"The first two of these classes can be united in society without inconvenience, but they regard with horror any admixture with them of the third; yet it is not right to allow that large amount of blasphemous and indecent language which is certain to result from permitting the third class to associate exclusively together—nor is such a proceeding safe. It is well known that the *insane* rarely act in combination for a common purpose ; but this class consisting of individuals, many of whom are not insane, are capable of any conspiracy, and it is believed, would gladly sacrifice the life, as they often threatened to do, of any officer or attendant, if a favourable opportunity were offered them, to give a colour to that pretended insanity which they have but too successfully assumed. It is needless to remark on the amount of vigilance that is requisite in the care, and the anxiety that must accompany the superintendence, of such men, removed from the rigid discipline of a hulk or convict prison, to which has, in many cases, been added the security of solitary confinement, to associate with other convicts unshackled and unrestrained in the wards of a Lunatic Asylum."

We are happy to observe from Dr. Hood's report, published this year, that the evil of associating these incongruous elements in the same wards has, at length, been remedied.

"A great change, attended with considerable improvement, has taken place during the past year in the accommodation for criminal lunatics. By an arrangement with the Government, a ward, capable of accommodating 40 patients has been devoted to the special use of this class. The ward is abundantly furnished, and it is provided with books, and various other means of amusement ; a large proportion of single bed-rooms, bath-rooms, and lavatory. It is moreover light, airy, and cheerful ; its walls are decorated with prints and flowers, and its galleries are enlivened by the song of many birds. Here the first two classes referred to in the Report for 1856 are now domiciled, while the detached building, known to the Governors as the Criminal Department for Males, is devoted, with very few exceptions, to those men whose insanity (in many cases feigned) has commenced in prison, who are under sentence of transportation or penal servitude, and whose career, having been the most debased, has induced a form of insanity, the most dangerous and revolting. The erection of a State Asylum is at the present time occupying the attention of the legislature. Were this not the case, it would be desirable to strengthen and increase the prison character of this part of the establishment."

Dr. Hood points, with well grounded satisfaction, to the progress which has been made in his excellent plan of devoting this noble foundation as much as possible to the poor of the educated and professional classes, those to whom as a charity its resources are doubtless the greatest boon, and

to whose feelings the associations connected with a pauper lunatic asylum would be the most galling and injurious. During the year, no fewer than fifty-four of these educated and professional classes have had the advantage of treatment in the female wards alone. We heartily wish Dr. Hood still further success in his praiseworthy effort to rescue Bethlem from being used as an instrument of local parochial parsimony.

In the report published last year of the sister asylum of *St. Luke's*, the medical officers give the following evidence respecting the sanatory influence of certain improvements.

"Coughs, colds, and chest disorders of any kind, have been of rare occurrence; these seem to have yielded before the improved warmth and comfort of the wards; as did a few years since, boils, carbuncles, and other evidences of low nutrition, on the abolition of soup, and the substitution of a more solid and nutritious dietary. All these ailments, were rife indeed, at their respective seasons, before the various improvements alluded to were carried out. Erysipelas, too, which, in former years, seemed to haunt the constantly damp galleries, fastening itself upon the naturally delicate, or on those prostrated and enfeebled by other disease, is now hardly ever to be met with, in the comfortable and thoroughly dry wards of the hospital; and we would suggest, that the whole of the flooring in the wards should be painted, as has been done in wards B, D, and E, on the female side, as thus a much drier atmosphere would be secured, and the labour of cleansing much economized."

The following opinion respecting the pathological basis of insanity is also of great importance.

"The experience of each succeeding year shows us that insanity is in a great majority of cases an unerring symptom, often the earliest, of faulty nutrition; shewing itself generally before any organ of the body could be said, in ordinary pathological parlance, to be diseased. This defective nutrition may be the result of parental disease—excessive wear and tear, mental and bodily—deficiency of hygienic requisites, or vicious habits and practices. This is in all cases to be combated chiefly by means of a well assorted and liberal dietary with such adjuncts as shall provoke an appetite, where perhaps for months none has been known. We trust that these stern requirements of exhausted nature will plead an excuse for the somewhat large consumption of wine, brandy, porter, and cod-liver oil, which helps to increase the annual expenditure under the head of medical requisites."

We learn from this report, and from the subsequent one published this year, how much has been done to improve the accommodation in this asylum. Even the Commissioners, who, on former visitations declined to suggest improvements, because, on such a radically bad site and building, to improve, would in their opinion, be wasting good money, are compelled to admit that "on the whole they are well satisfied with the improved state and arrangement of the Hospital." It is painful to observe the limitation of the usefulness of this excellent institution which takes place as its accommodation is improved. Since 1851, £15,000 of stock has been sold to pay for alterations, and to cover the deficit of income. The

excess of expenditure over income amounts to £200 a year. The number of Governors is so limited, that in 1857, the Committee state that they found it impracticable to fill up the vacancies which had occurred in their own body. The medical officers express their disappointment that, notwithstanding the great improvements which have taken place in the hospital, they "should experience, year by year, a gradual and certain, though slow diminution in the number of admissions," and they propose to remedy this diminution, and to augment the income of the charity, by admitting patients belonging to the class of the "tolerably well-to-do professional men and tradesmen;" who would be willing to pay a small, but remunerating sum for treatment. Is it not that the difficulties under which St. Luke's now labours are the result of want of improvement in times past, and that those which have quite recently been made, have not yet borne their well-merited fruit, in the return of public confidence and support? It cannot long remain so; under the present liberal and skilful management, public confidence will be given to this excellent institution, if only its merits and claims are sufficiently made known.

The report for the *Bedfordshire Asylum* contains notice of some deficiencies upon which the Committee do not feel justified in incurring an outlay, "as the occupation of the new asylum cannot be very far distant." Mr. Denne states that dysentery had been prevalent; the cause being in defective drainage; "and it is worthy of remark, that not one patient was attacked with disease after the removal of the cause." A paralytic patient of great weight, suffering from extensive abscess on the back, induced Mr. Denne to invent a simple and efficient bed-lift, of which he gives lithographic drawings. It may be obtained of Mr. Hooper, 7, Pall Mall.

The report of the asylum for the *Borough of Birmingham* notices the large number of 154 admissions during the year. The number of patients in the asylum at the commencement of the year being 294. The causes of insanity which appear to be thus rife in the population of the Midland Metropolis are judiciously commented upon by Mr. Green.

"Among the causes of insanity, intemperance, as usual, takes the most prominent place, though it may be that in some few of these instances, it is not justly so chargeable. It is no uncommon thing for a person habitually temperate, under the influence of some mental disturbance which may have escaped the notice of his friends, suddenly to take to drinking; and this being soon followed by an outbreak of insanity, in some form which cannot be overlooked or mistaken, the drinking is at once set down as the cause, though, in truth, it was but the first overt act of the malady; hastening the catastrophe, perhaps,

but not its exciting cause. On the other hand, some cases are due to intemperance, either wholly or in part, when some other cause, or no cause, has been assigned. Where the habit of intemperance has been of long continuance some organic change in the delicate structure of the brain, or its membranes, is generally the consequence, whereby the prospect of recovery is very much diminished. To this cause 28 cases are attributed, being a fourth of all the causes ascertained. Twenty-four cases were due to epilepsy, or other cerebral disease; and in 29 no cause whatever was assigned or could be ascertained. Twenty-eight had relatives insane."

The distinction here drawn between drunkenness being a symptom of insanity, and the same vice acting as a cause, is most important to the elucidation of the connection between the two states. Our own observations fully bear out the experience of Mr. Green in this matter. In many recurrent cases of insanity, the patient, if at large, rushes to drink very soon after, but not before the symptoms of morbid excitability have manifested themselves. In some such instances we have been misled into the belief, that such patients had brought on their attacks by intemperance; but having been able to test the accuracy of this opinion, by placing the patients where drink could not be obtained, and having observed, that notwithstanding this enforced abstinence, the measure of cerebral excitement ran its usual course, we have been enabled to see the truth and importance of Mr. Green's distinction.

The report of the *Buckinghamshire Asylum* contains no matter of interest or curiosity, unless the statement of the Visitors be so; that "the change of Superintendent has, of necessity, caused a change in the whole number of male attendants, with the exception of one; and of female attendants with the exception of two." The deficiency of water supply has been remedied by the purchase of land containing a spring, at some distance from the asylum;

The report of the *Cheshire County Asylum* states that the asylum would now be full to overflowing had not notice been given to the Unions that no cases would be admitted except those which were curable or of recent origin. This plan, which had been adopted by the Visitors of the Middlesex Asylums and elsewhere, is of doubtful legality. The statute gives Visitors the power to close a county asylum to admission when it is full, but gives no power to them to keep it partly open and partly closed, or in any way to select the patients whom they will admit. We are surprised that the point has never been tried in Middlesex, where some of the Unions are not on the best terms with the Visitors. If the relieving officer of a union district, having ascertained that there were any vacancies in a county asylum, and that the asylum had

not been formally closed to all admissions under the powers of the statute, were to take a properly certified pauper lunatic to the gate of that asylum and leave him there, if his admission were refused, it is almost certain that in the present state of the law the responsibility of refusing to take him in would rest upon the officers of the asylum. It is a responsibility which we should be exceedingly loath to incur. The Visitors of the Cheshire Asylum are at present considering whether the existing asylum should be enlarged, or a supplemental building be attached to it, or a new asylum be erected at the other end of the county. They state that there are more epileptic, idiotic, and chronic patients, in the different work-houses of the county and elsewhere, than the patients actually present in the asylum ; and that the Commissioners in Lunacy recommend that all these should be brought into a public asylum. It would appear, therefore, that their asylum accommodation should at least be doubled.

The report of the *Derbyshire Asylum*, published this year, contains some interesting general remarks upon the management of asylums, and the system of moral treatment by occupation, recreation, and kind attention, which have so completely transformed the character of these institutions from that which formerly made them by-words of aversion and dread, to that which justifies the following remarks.

"The result of these general arrangements has been, that the recovered patients have looked back upon the asylum as a hospital and a home. They speak kindly of it to their friends, and frequently make visits to the nurses and attendants under whose care they have been. When, as it sometimes happens, they experience a relapse of their malady, they have no dread (as was once the case with the insane) of being retaken to an asylum—nay, in the early stages of the recurrent malady they occasionally implore their friends to bring them to the asylum immediately; and twice during the past year have patients, who felt some indications of returning insanity, hastened voluntarily and alone to this hospital, without waiting for the necessary order of admission and certificates to be filled up. A young woman, living fourteen miles from the asylum, left her home at four o'clock one wet morning, and taking the railway as her guide, hurried to the asylum; she passed through several tunnels on her road, and reached this place in a wet and exhausted condition. She said she "dreaded being ill at home, for they treated her badly when mad"—and she "knew the asylum was her best place, and she came as fast as she could to get help in time"—that "she did not let her friends know of her intention, for she had asked them to bring her, and they were unwilling to do so." Happily there was no need of her full detention; and a little medicine and repose tranquilised the rising nervous agitation, and in two days she returned to her home and her friends, and has remained there ever since."

Dr. Hitchman judiciously distinguishes between the influence of medical and moral treatment, and insists upon the necessity of combining the two, in order that their operation may be efficacious. He protests against the fatal notion that insanity

is a mysterious spiritual disorder, incapable of relief by medical science.

"No language can be too strong to protest against such a mischievous belief, for it causes the patient to be detained at home until the curative stages have passed away, and the case become hopeless. Moreover, the fearful ideas which such a creed engenders, may be understood when it is stated that thrice has the Superintendent of this asylum been requested by the parents of insane persons under his care "to let them know whenever the malady of their sons should become so bad as that they should require to be suffocated." They looked upon the suffocation of the patient as no unusual incident, or requirement in the management of such cases. Let not the reader sneer at such simplicity. It is the full grown logical consequence of every theory which separates mental derangement from corporeal disorder. "Idiots are men," said Luther, "in whom devils have established themselves, and all the physicians who heal those infirmities as though they proceeded from natural causes are ignorant blockheads, who know nothing about the power of the demon. Eight years ago I myself saw, and touched at Dessau, a child of this sort, which had no human parents, but had proceeded from the Devil."

In this year's report of the *Dorset Asylum*, Mr. Symes comments upon some severe cases of erysipelas.

"Another case of idiopathic erysipelas occurred in the early part of the year, in an old man 77 years of age, terminating fatally ; there was only one other case during the year which recovered. It seems unaccountable that this disease should have made its appearance so singularly, and I have been quite unable to form any opinion of its immediate cause. Since this present year (1858) has commenced, three more cases, all females, in different wards, have appeared each of a severe character but not ending fatally."

According to our experience, such occurrences are most likely to take place in wards where boarded floors are frequently scoured. Dysentery and erysipelas are the Scylla and Charybdis of ward management. If the floors are dry rubbed, or scoured but rarely, dysenteric symptoms are apt to appear ; if, on the other hand, in the attempt to preserve extreme cleanliness the floors are frequently scoured, sporadic cases of erysipelas arise. Of the two evils we certainly prefer the latter, since it is consistent with a good state of health of the patients generally, which is not the case when the dysenteric diathesis is present.

The readers of this Journal will have learnt from a former number that Mr. Symes has found that the application of the tinct. sesqui-chloride of iron, is of the utmost service in these cases. In the report of the Commissioners in Lunacy, the Visitors of the Dorset Asylum were recommended to erect a building for the fifty or sixty patients belonging to the county, who are placed at the licensed house at Fisherton, "after the manner which has been so successfully carried out in the county of Devon," namely, in the sea-side asylum which was temporarily established at

Exmouth to relieve the wards of the asylum of that county. The Visitors referred this recommendation to their Superintendent, who reported upon it.

"I visited several places in this neighbourhood, hoping to be able to carry out the suggestion, but there was no house vacant that could have been in any way rendered suitable, and after much consideration I do not believe this addition at a distance would work as beneficially as anticipated; I think the plan is much more easily carried out, and with a far greater probability of its utility, when *the parent asylum is large*, as in Devon, where it has been tried—for so many of the wants and necessities of the detached building should be provided from the main Asylum, so as to prevent the great extra expense which would otherwise, I fear, unavoidably be incurred."

Doubtless, there would have been a much greater difficulty in selecting from the small number of the Dorsetshire patients, fifty or sixty who could with propriety have been located in an ordinary house, than in selecting them from three times the number of patients in a larger county. We are persuaded, however, that if a suitable house could have been obtained, the selection of patients would not have been found an insuperable objection, and that, under the able direction of Mr. Symes, their care and treatment would, in every respect, have been placed in a more satisfactory footing than it could possibly be in a distant licensed house.

In the report from the *North Wales Asylum* at Denbigh, the Superintendent expresses his great satisfaction at the erection of a steam-engine "as a sanatory measure." This engine raises water from the well, and drives the washing machines.

"By its agency, the male pauper patients have been emancipated from the irksome, monotonous, and degrading labour at the capstan pump; an occupation which we were reluctantly obliged to subject them to, for the daily supply of water for the establishment, but which we consider as more suited for the punishment of refractory criminals than the employment of harmless and unoffending lunatics. These patients are now employed on the land and gardens, or other occupation suitable to their varied capacities. The female paupers, who were principally confined to the wash-tub for several days in each week, are now occupied in less laborious and more healthful employment."

We are glad to observe this strong expression of opinion on the unsuitableness of capstan labour for insane persons. In an asylum celebrated for the very large amount of labour exacted from patients, we observed, with pain, the pump capstan driven by a troop of wretched idiots. We also fully agree with the opinion expressed against the wash-tub as an unwholesome occupation for a class of persons whose health is rarely robust, and we should be heartily glad to follow the example set at the Denbigh Asylum, in having this work done by mechanical power. The washing apparatus is said to economise one third of the soap; it is also said that by its use the saving of the wear and tear of clothes is considerable,

and that the clothes themselves are more thoroughly cleansed and purified. These advantages, although important, are, however, secondary to that arising from the exemption of diseased persons from the steam and wet, and unwholesome drudgery of the wash-tub.

In the eleventh report of the *Devon Asylum*, the Superintendent describes, and briefly illustrates by cases, a form of suicidal insanity, in which the symptoms are not those of melancholia, but those of mania.

"The symptoms were those of high cerebral excitement; and, in the absence of the suicidal propensity, would have been considered as undoubted cases of mania. The presence of this symptom would not seem to afford a sufficient reason for excluding them from a class to which they would otherwise belong. The manifestations of insanity observed in the wards of this Institution as fully justifies the use of the term "suicidal mania," as that of "suicidal melancholia," which has long been in common use.

"In suicidal mania the head is usually hot, the aspect fierce, and the general symptoms those of excitement: the propensity to self-destruction is frequently accompanied by a general tendency to commit acts of violence. The general excitement also undergoes marked periods of remission, and during these periods the suicidal passion suffers abatement. These cases indeed, in addition to all the ordinary symptoms of mania, present a violent and impulsive desire to commit self-destruction:—this desire, or passion, is too urgent and vehement to be correctly designated by the common term—inclination or propensity. It is sometimes associated with delusions of such a nature that they may be supposed to have given rise to the morbid desire, or to have been occasioned by it; or, what is yet more probable, to have originated in the same morbid condition of the brain. Thus one man believed that he saw demons around him, who called upon him to join them in an incarnate state: another believed that he heard a voice from heaven, calling upon him to sacrifice himself in order to put his enemies to shame. More usually, however, in suicidal mania there is no delusion bearing upon the morbid passion."

In the twelfth annual report of the same asylum, the Superintendent refers to the various expedients to which the Visitors have resorted for the purpose of relieving the overcrowded state of their wards, and expresses his disapprobation of the practice prevailing in many asylums, of declaring the wards to be full, and refusing the further admission of cases, whatever may be the urgency of their need.

"Although in a crowded asylum, the care and treatment of the patients is necessarily conducted under great disadvantages, it appears preferable to incur this evil, at least for a time, than to exercise the power given by the statute of refusing the admission of patients. In those counties where the privilege of admission into the lunatic asylum has been suspended, the poor insane have accumulated in union-houses, and the provisions of the lunacy law for their care and treatment have not been carried into effect. It appears therefore to be of the utmost importance, to adopt the principle of never closing the gates of the county asylum to the admission of patients. Various expedients may be, and in this asylum have been restored to, for the relief of the overcrowded wards. When arrangements could be made, and the form of insanity justified the risk, some chronic patients have been sent to reside with their friends; some few others have been placed to live with cottagers, in the neighbourhood of the asylum; and above all, relief to the wards has been provided by the temporary Branch Asylum, which was established at Exmouth.

"In default of sufficient asylum accommodation, there are certainly, great difficulties in providing expedients for the care and treatment even of chronic patients, selected as the most tranquil and easily manageable; but it can scarcely admit of doubt, that it is better for the visitors of an asylum to incur the responsibility of providing such expedients than to close their wards against the admission of new cases. The selection of chronic patients, for the trial by the visitors of any reasonable modifications of care and treatment, can be made with full knowledge of the peculiarities of the patients; but the refusal to admit new patients, must be made in ignorance of the urgency of their need for care and treatment. When insanity has rendered a person no longer master of his actions, care and treatment of some kind or other become an absolute necessity; and that it should be provided for chronic patients by their legal guardians, who are thoroughly acquainted with their requirements, is so far preferable to any arrangement, under which the care and treatment of new and difficult cases is liable to be imposed upon persons who have no practical knowledge, and no legal authority to direct them, that it appears a subject of regret that the Asylums Act should empower the Visitors to close the county asylums. It would have been far better to have given the Visitors the fullest power to dispose, according to their discretion, of chronic cases, pending the provision of additional accommodation. For this purpose they should be empowered to rent or to lease suitable buildings upon any terms which may be approved by their judgment. The requirement of the Asylum Act, [sec. 33] that a lease of buildings for the use of an asylum shall be "for an absolute term of not less than sixty years" ought to be repealed."

The report of the *Essex Asylum* contains some excellent remarks on suicidal efforts and the refusal of food.

One of the most vexatious examples of suicidal tendency consists in the desire of starvation—sometimes from some secret vow of a religious nature, or an imaginary moral principle—sometimes a delusion that everything in the way of food or drink is poisoned—sometimes he conceives that he has lost the power of deglutition and therefore will not make the attempt to swallow from the fear of suffocation—that his stomach and bowels have lost their function and therefore that meat and drink are a loathsome burden, or by calling in other thoughts to aid his delusion, he thinks that by yielding to the will of man, he resists the decrees of Heaven. Reason in such cases is often found to be vain, or only to rivet the illusive thought or morbid feeling, and all the powers of medicine will sometimes fail.

Dr. Campbell urges strongly the importance of the early adoption of forced alimentation before the strength fails; and he points out the danger of detaining melancholic patients who refuse food in workhouses, even for a few days. They become reduced for want of nourishment, nature makes an effort to support the vital energies by reaction, a paroxysm of mania ensues, and the unhappy victims are removed to an asylum in a state of hopeless exhaustion. The mortality in the asylum has been materially increased by deaths ensuing shortly after admission; a fact which elicits from Dr. Campbell the strong expression that these complaints of delay in sending patients to asylums which "teem in almost every report," are "the natural result of that system of sordid but mistaken economy which is daily adding fresh burdens to the POOR RATES, multiplying the sum of human misery, and doubling the mortality of our

hospitals for the insane." If this reproach is deserved by the Poor Law officials in the few counties where the asylum accommodation exceeds the demand, what amount of responsibility do not the Justices of the Peace incur, in those important and populous counties, where the lunatic pauper is repelled from the gate of the asylum for want of accommodation, which the law gives them plenary powers to provide, and by not providing they entail upon the unhappy lunatics the miseries so forcibly depicted by Dr. Campbell. The fact ought never to be lost sight of that the Poor Law officials are not the legal guardians of the insane pauper, but that under pains and penalties they are compelled at once to place them under other authority, and that the Justices of the Peace are, to a great extent, responsible for the evils pointed out by Dr. Campbell, by derogating the powers and duties with which they are invested. If the Justices of Essex were to enforce the provisions of the 67th, 70th, and 71st sections of the Lunatic Asylums Act, no pauper lunatic, needing care and treatment, could or would be left without order for removal to the asylum longer than six days after the medical officer of the parish had knowledge of the lunacy, "reasonable" time being allowed for the execution of the order, and to secure the Poor Law officials from the penalty of neglect, namely, "any sum not exceeding ten pounds."

The report of the *Hants Asylum*, published this year, contains mention of a most disagreeable occurrence, which is commented upon both by the Visitors and the Chaplain, in a manner certainly not too severe towards the criminal, but which might, nevertheless, have been distinguished by a greater amount of consideration of the difficulties of asylum management. The occurrence is described by the Superintendent as follows :—

"One female patient has, this year, been confined in the house. According to her own statement, a baker attendant, formerly employed in the asylum, and who absconded suddenly, was the father of the infant. Information was immediately given to the Board of Guardians of the Union from which the woman had been sent; and a searching inquiry was instituted by the Committee of Visitors without delay. The patient was suffering from recurrent mania, and, at the time of conception, was in a convalescent state, and under probation prior to anticipated discharge—assisting in the servant's hall. The child survived, and, up to the present time, has continued in the asylum, from which I have recently recommended its removal to the workhouse."

The Chaplain makes the most of this affair, and thereupon claims the Asylum as his parish. Our own great surprise is, that considering the low state of morality of the classes to which pauper lunatics and pauper asylum servants belong,

such things do not occur more frequently. Could the detestable scoundrel who committed the offence be caught, he ought to be punished most severely; nay more, we think that a severe enactment against such offences is desirable. But the occurrence deserves to be looked at also from another point of view; namely, as one of the liabilities of the greatly increased freedom now given to asylum patients. Here is a woman, apparently convalescent, enjoying before her anticipated discharge almost all the freedom of a domestic servant. If such freedom is consistent with the good management of an asylum, it is certainly beyond the power of such management to prevent the person enjoying it from being exposed to many of the temptations and dangers of freedom. The same principle is involved in the deplorable accidents which have resulted from the liberty given to patients beyond the asylum boundaries. One such patient met a young lady and killed her with a stick; another ran away from his attendant and precipitated himself from the high level bridge at Newcastle, and was dashed to pieces; another threw himself under the wheels of a heavy wagon, and was crushed. Superintendents must defend themselves from the cross fire of those who demand from them inconsistent results of management; namely, the greatest amount of liberty, with the greatest amount of security; results also which, in county asylums, must be obtained with the greatest amount of economy. The very painful occurrence which we have above recorded might have been prevented by the strict detention of the patient within the female wards; a measure opposed to that system of asylum management, which, under the impulse communicated to it by the efforts of the Commissioners in Lunacy, is affording to patients a constantly increasing amount of liberty. Or it might have been prevented by the morality of the male servant. But the servants of asylums are paid upon strict principles of economy, and the class from which they are necessarily taken, is one which the Chaplain would find it difficult to control, even in the best regulated parish he could find. There ought to be a special law, as in America, for the protection of insane women from unprincipled men. As we observed, on the occasion of an analysis of asylum reports for 1856, "The offence is morally equivalent to a rape; indeed, it comes nearer to the latter crime than some of the instances which are held to constitute it in British law, for instance a state of sleep or deception as to person."

Joint Counties Asylum, Abergavenny. In consequence of the lamented decease of the Superintendent, no medical

report was presented. In lieu thereof, the Visitors ordered the following resolution to be recorded.

"The Committee of Visitors learn with great concern and regret the decease of Dr. ALLEN since their last meeting. They cannot allow this event to pass, or proceed to the election of his successor, without recording their sense of his very valuable services during the six years that he has had the superintendence of the asylum; and of the ability and laboriousness with which he has performed the arduous duties of the situation. They fear lest a too close attention to the conduct and management of the establishment should have contributed to deprive the committee of his valuable services, which they shall find it very difficult to replace.

SAML. R. BOSANQUET, Chairman, *pro. tem.*

Joint Counties' Asylum, 14th January, 1858."

In the report for the *Kent Asylum* for the year ending July, 1857, the Superintendent reports a singular instance of a murderous attack made by a patient upon an attendant with one of the bone knives, which until recently had been used in this asylum. Knives and forks, of a good and useful description, have now been substituted for these old-fashioned implements. In consequence of increasing demands for asylum space for patients belonging to the county of Kent, the boroughs who have hitherto sent their patients to this asylum, have received notice that after the month of May, 1859, they must provide for them elsewhere.

The fourth report of the *Asylum for Lincolnshire* contains some interesting remarks upon the prevalence of opium eating among the peasant population of that county, and its influence upon the production of melancholia. We have seen vague statements of these habits among ladies of fashion, literary men, and other persons of delicate and excitable nerves, but we were greatly surprised to find, from Dr. Palmer's account, that it existed even among the lower orders. It is a subject of the utmost interest, both in its social and physiological bearings; and we trust that Dr. Palmer, or some other person of competent scientific ability, will find time and opportunity to give it a thorough investigation.

"It is worthy of remark that amongst the admissions no fewer than 27 patients, or 39.7 per cent. of the whole number received, had either meditated or attempted suicide; and, as this is known to be very common amongst opium-smoking people, the enquiry suggests itself in how far the abuse of this drug, so prevalent in many parts of the county, is concerned in both inducing insanity and adding this frightful feature to it. The habitual use of opium in this as in other fen counties is traced to its employment as a prophylactic against ague, which is known to have been endemic in the fens before a complete system of drainage and tillage had swept the miasmata from their surface. At that period, those who lived and worked amidst the quagmires, with holding their assent to the then common adage "an ague in spring is physic for a King"

and more reasonably concluding that there could be nothing salutary in a bodily affection which reduced their strength and exhausted their spirits, hailed, no doubt, as a great blessing, the introduction of a drug which by its stimulating properties was found to rouse the system against the pestilential miasms, and by its restorative properties to fit them for prolonged exertion on scant diet. Richly cultivated farms intersected by a network of dikes now occupy the sites of the stagnant lakes and fermenting marshes, and ague as an endemic is banished from the county; but a worse form of disease—opium cachexy—has apparently taken its place: a disease, worse because of its deep degenerating influences on mind and body (affecting not only individuals but their posterity), and worse, because of the great difficulty in removing its cause, viz.:—that of breaking through the habit of using this poison. The child is too commonly drugged with it in the cradle, during the early formative process of the brain that is to guide and direct it through life; the youth trifles with it as a pleasurable excitant; the adult feasts on the poison, and becomes the living tomb of his own intellect and moral feeling, leaving a degenerate and half-imbecile offspring to add to the criminal and insane population of the county. The evil is plain, even at a glance, but the reformation of an opium-eater is still more difficult than that of a drunkard, inasmuch as the opium-vice is of a more holding and more secret character than alcoholism. The drunkard finds his temple in the pothouse, his devotions therein are public, and some amount of restraint is over him—his temple, even, is not always open to receive him; but with the other, his pouch contains, ever at hand, all that is necessary to brutalize him, and he can indulge in it “*ad libitum*” without the observation of those who might possibly exercise a wholesome check on him. The pulpit, the lecture-room, prize-essays, widely distributed, even house to house visitation in districts where the vice is known to prevail, would simply be the first agents to be employed in closing this fool’s paradise; for some notions of present mischief and future decay must be impressed on the minds of these people before any direct attempt to curtail the use of opium would be effective. A more acceptable field for exertion could scarcely be presented to the philanthropist, certainly none which could yield more grateful fruit than that of saving a present generation from premature mental decay, and a future constitutional taint and misery. The whole subject is replete with social interest; but it is only in its special bearings on the amount of insanity now existing in the County that it would be proper to entertain it here; and enough has been said, it is hoped, to call some attention to the evil, and to indicate the nature of the first labours required to remedy it. In reference to the influence of opium indulgence in determining a suicidal form of insanity, although it is true that the stage of excitement (the primary effect of opium on the vascular and nervous systems) is directly adverse to this frame of mind, and glosses existence with unreal charms, yet the subsequent stage brings with it every grade of depression, from simple gloom and distaste of life to the most poignant mental horror. It is in this secondary stage that the suicidal phase is developed; and having been once present, it has a tendency to return, and is often handed down through many generations.

In the fifth report of the same asylum, the Superintendent questions the desirability of sending so many demented patients from the neighbourhood of their friends; and, although he admits that “the paralytic cases are occasionally irritable, and involve some trouble in their cure, and frequently have uncleanly habits, their paralyzed limbs are an effectual security against their being dangerous to others, and the simplest attendance and nursing prevents them from being dangerous to themselves.” We cannot concur in this low estimate of the amount of care which insane paralytics

require, nor in the opinion that no benefit could accrue to them, or to any other class of insane persons, from their careful treatment in the wards of a county asylum, "beyond that which could well be afforded in a well ordered workhouse;" Insane paralytics are well known to be subject to something more than accessions of irritable temper; many of them have short but violent outbursts of maniacal excitement, and are, to the extent of their powers, dangerous both to themselves and others. When advancing paralysis obviates danger, an increased amount of care and attention is demanded by these uncleanly infirmities, which, without the utmost solicitude, would render such a patient a nuisance to every one in his neighbourhood so long as he lived, and which, by the production of bed sores, would certainly shorten and render miserable the remainder of his own existence. It is not in workhouses that water beds, water cushions, and reclining chairs with mackintosh sheets, and change of bedding or of clothing immediately it is wet or dirty, and careful feeding with nutritious and minced food, and a free allowance of wine, porter and brandy, and the constant attendance of skilled and well-paid nurses, can be expected to be obtained. And yet all these things are essentially requisite for the care and treatment of insane paralytics.

In the report of the *Asylums of the County of Lancaster*, (published this year, 1858.) the Visitors state that applications for 181 patients have been refused for want of room, the asylum being already overcrowded; a fact upon which they justly remark: "how these patients have been disposed of, and where placed, must be a subject of anxious solicitude to every humane mind." Workhouses, they remark, are totally unfit for the reception of urgent cases, and few of them, indeed, for the proper care of the idiotic and imbecile class of patients. The Committee state the following to be the grounds upon which they act, in granting applications from Guardians for the removal of idiotic and imbecile patients from the asylum to the workhouse.

"In every case where the medical officers of the asylum can give the assurance that the idiotic and imbecile patient sought to be discharged is harmless, and not likely, if kept in the asylum, to be benefited by any remedial treatment; and if upon inquiry of the guardians applying, or from any other person competent to give the information, your committee finds that there is a separate ward in the workhouse in which the patient can be kept, such discharges are readily granted. Your committee, in acting upon these considerations, and in exercising this discretion, has been accused (so it has been reported) of claiming a right to interfere beyond the limits of the asylum. Your committee has no such right, and disclaims all such intention. But your committee will not forbear from expressing a hope that the guardians (and especially is this appeal

made to the *ex-officio* guardians and medical officers of these workhouses) will see that these patients so transferred are really kept apart, and free from the taunts and provocations they are so apt to meet with from the ordinary inmates of a workhouse, and that they receive such treatment and accommodation as their helpless and afflicted condition so justly requires."

It will be readily conceded that these requirements of the Visitors are as little exacting as it is possible to make them, consistently with any regard to the welfare of the patients discharged. With regard to the accusations, which it seems have been made against them, of interference with the privileges of the Guardians; we can only say that we heartily desire to see statutory powers given to the Magistracy which will extend their supervision and protecting care over all insane persons who are paupers, whether they are in an asylum or in a workhouse, or wherever else they may be. There is abundant evidence to prove that those officials who are called Guardians of the Poor, but who would be more correctly designated as Guardians of the Poor Rates, are, by their habitual views, incapacitated from being good and trustworthy guardians of all that class of paupers, whom mental disease and infirmity render expensive but helpless burdens upon public rates. The theory of the law already is, that insane paupers are removed from the guardianship of the Poor Law Officers, and placed under that of the Magistracy; and it is only the overwhelming extent of pauper lunacy which voids this theory, by overcrowding the county asylums, and throwing the surplus upon workhouses. Sooner or later the anomalous action of the law must be got rid of, by which lunatic paupers in asylums are under one jurisdiction, and lunatic paupers out of asylums are under another, and in many counties, an antagonistic jurisdiction. Perhaps it is not too much to expect that, with the aid of asylum buildings, erected at a small cost, the asylum accommodation even in such counties as Lancashire and Middlesex will some time be adequate to the care and treatment of the whole number of the pauper insane. But, if in spite of all efforts this inadequacy should continue to exist, and it should be found needful to permit the care and treatment of insane paupers in workhouses, we do sincerely trust, that in any alteration of the lunacy law, the powers of the magistracy will be extended to the guardianship of all pauper lunatics, wheresoever they may be placed; and that powers will be given them to regulate the care and treatment of the inmates of lunatic wards in workhouses; at least to the extent of visitation, of fixing the dietary, of approving the accommodation, and of

arranging the quality and amount of general attendance, and of medical care.

We find strong confirmation of these opinions in the report of the Lancashire Asylum, at Rainhill. In this institution "during the past year, a greater number of patients from Liverpool and the neighbourhood have been refused for want of room than have been admitted into the asylum; on principle, the Committee object to the confinement of lunatics in workhouses." The Committee, however, consented to the transfer of a few chronic cases to the Liverpool Workhouse, "if the Superintendent reported favourably of the accommodation provided."

Subsequently the Commissioners in Lunacy visited the Liverpool Workhouse, and reported on the question of the transmission of chronic patients for the County Asylum, in terms which unmistakably express their opinion that the care and treatment of any patients so transferred, should be virtually under the superintendence of the officer of the Asylum Visitors, and that certain requirements should be insisted upon for their comfort and well-being, which, if provided, would certainly remove from the guardians the inducement of effecting any pecuniary saving by removing chronic lunatics from asylums to workhouses.

"We think that the greatest caution should be exercised in selecting the patients to be thus removed from the asylum, and that the visitors will not be justified in discharging them until they are satisfied that proper provision has been made for them in the workhouse, and that their accommodation and comforts are assimilated to those they have hitherto enjoyed in the asylum,—without which their condition will in every way deteriorate.

For this purpose it is essential,

1. That a sufficient staff of responsible paid nurses and attendants should be employed.
2. That a fixed liberal diet (to be sanctioned by the medical superintendent of the asylum) should be allowed.
3. That the clothing and bedding should be warm and good.
4. That the rooms should be rendered much more cheerful, and be better furnished than at present.
5. That the present small flagged yards should be enlarged and planted as gardens.
6. That the patients should be frequently sent out to walk in the country under proper care.
7. That the patients should have the benefit of regular daily medical visitation; and that the register of admissions, discharges, and deaths, and also the medical journal required to be used in asylums (by the Act 16th and 17th Victoria, cap. 97, Schedules 1, 2, 3,) should be kept by the medical officers who shall visit the patients in the workhouse."

It is impossible to doubt that insane persons can be properly cared for in a large, but well-organised establishment, devoted to the purpose, at a lower cost than in small asylums attached

to other institutions, devoted to other purposes. It is only by dispensing with the requirements essential for their proper care, that lunatics can appear to be kept at a lower rate in workhouses than in asylums. We doubt whether, under any circumstances, the reality of economy is ever on the side of the workhouse. When, to the actual cost of an adult workhouse inmate, is added the destruction of property, and the derangement of system which results from the man being insane, we are convinced, that if the guardians could be persuaded to take a comprehensive view of the expenses thus incurred, they would, on that ground alone, object to the transference of their lunatic paupers from the asylum to the workhouse. The whole question is very ably discussed by Mr. Cleaton, in his report.

The report of the *Prestwich Asylum* contains no matter of interest except the suicide of a patient by drowning in the reservoir. The occurrence of more than one suicide by the same means at the Lancaster Asylum, suggests the desirability of covering these dangerous pieces of water with some description of roof, or at least of surrounding them with fences, capable of opposing an efficient obstacle to a suicidal patient.

The Colney Hatch Reports.—A good and full analysis of these varied and interesting reports, each of which occupies nearly 200 pages of closely printed matter ; would occupy the best part of one of our numbers. We can only briefly glance at some of the most important subjects treated on. *The* most important subject is, the controversy with the Commissioners in Lunacy, on the question of increased asylum accommodation. Our readers are already aware, that in this contention, the Visitors of the Middlesex Asylums were victorious, and we must do them the credit to say, they fought their battle with consummate ability. We have no where seen any Visitors' reports drawn with more power of language and argument, than those which emanate from Mr. Cottrell, the chairman of the Colney Hatch Asylum ; vigorous, business-like, and plain, they always go straight to the point at issue, and form a remarkable contrast to the ornamental and self-laudatory reports which the Visitors of the sister asylum at Hanwell have too frequently put forth.

The point at issue between the Commissioners and the Visitors was, whether the existing asylums at Hanwell and Colney Hatch, should or should not be greatly enlarged. The Commissioners resisted this enlargement, mainly on the following grounds ; First, that the original cost of the building, and rate of maintenance of patients, had been found by ex-

perience to be greater in these vast asylums than in smaller ones ; that there was great waste and loss in large asylums, arising from the larger proportion of officers and servants, and "the impossibility of providing for that individual supervision of every department by one responsible head, which is found to be of such great value in smaller institutions." Secondly, that the care and treatment of the patients require such a limitation of their number, as may be compatible with the powers and duties of the medical officer. And Thirdly, that the extent of ground at Hanwell and Colney Hatch was far too limited for the proposed extension of those institutions.

The Commissioners recommended that a third asylum should be built, on a simple and inexpensive plan, for the idiotic and demented patients at present confined in the existing asylums at Hanwell and Colney Hatch, and thus to make room in these asylums for recent and curable cases. At present the Commissioners state that, their doors are virtually closed to the majority of those who would be likely to derive benefit from medical treatment therein. We entirely concur with the justice of these views, and deem it most unfortunate that Sir George Grey did not afford the Commissioners that degree and continuance of support which would have enabled them to convince the Visitors of their soundness, by the best of arguments in these cases, namely, the exercise of the greatest amount of legal right. The Visitors have not replied to the general arguments adduced against a large unmanageable asylum. They have almost exclusively addressed themselves to the question, of whether it is or is not feasible to convert Colney Hatch into a curative asylum ; and in doing so, they have adduced some very interesting facts and opinions. The position they appear to have taken is, that the pauper lunatics of the County of Middlesex comprise a singularly small proportion of curative cases ; that owing to this peculiarity of the Middlesex patients, the idea of rendering Colney Hatch a curative asylum is not feasible, and that the plans of the Commissioners, founded upon this idea, must fall with it. This is undoubtedly an ingenious and skilful line of argument though it leaves untouched the general argument, as between the merits of enormous and moderate-sized asylums, considered apart from the question of chronic and curative asylums. It is supported by curious facts illustrating the incurability of pauper lunatics in the county of Middlesex. In the first place, to obviate the reproach that their doors were shut to curable cases, the Visitors devoted a certain number of beds for the use of patients, certified by medical men to be

curable; orders being issued that such patients were to be admitted without delay. At the date of the Visitors' reply to the Commissioners' letter, thirty-three patients, thus certified to be curable, were thus admitted: "of these at least half turned out in a few days to be as little likely to be cured as the ordinary cases, and some to be afflicted both with epilepsy and paralysis." Moreover, the four medical Superintendents of Hanwell and Colney Hatch were ordered to visit the patients confined in the licensed houses, and to report upon the condition of those cases which were supposed by the proprietors of those licensed houses to be curable.

Dr. Begley and Mr. Tyerman reported that of the male patients ten were properly curable, three of very doubtful curability, and eight positively incurable. Mr. Marshall and Dr. Sankey reported that of the female patients twenty-six were curable, and twenty-six were incurable. It will be observed that these reports do not support the opinion, that the Middlesex patients do not comprise a remarkably small proportion of curable patients; but the numbers upon which the observations were made, were inconsiderable and insufficient to determine the question. The Commissioners, quoting a return of the Visitors, mention that there are 490 patients confined in various licensed houses; and we are led to believe that the thirty-six patients reported as curable, are the curable patients belonging to this large number, inasmuch as the clerk to the Visitors states to the Commissioners that the report of the Superintendents on the curability of the patients in licensed houses, "is, as a whole, rather more unfavourable than that of our own patients;" the inference being that "the number of probably curable cases of insanity, in the county of Middlesex, from whatever cause arising, is very small indeed;" and therefore that a curative asylum would have no material to act upon. The opinion respecting the curability of Middlesex patients is supported by Mr. Tyerman, who contrasts the cures effected in the Kent Asylum upon Middlesex patients, with those effected upon Kent patients; and who concludes, that "the occurring cases of insanity among the pauper population of the metropolis are of a most unfavourable description," with reference to curability.

We believe there is a fallacy at the base of this opinion. There is no obvious reason why the population of London should supply a more incurable form of pauper insanity than that of any other large town. The struggle for life is as fierce, and the amount of drunkenness and other city vice as great in Birmingham as in the metropolis. On re-

ferring to our last review of asylum reports, we find that the per centage of recoveries to admissions in the Birmingham Pauper Lunatic Asylum was 44·34. Now, the average of all English county asylums, for five years previous to 1855, was 42·9. The Birmingham per centage of cures, therefore, was above the average, although its cases were drawn entirely from the population of a town of some 260,000 inhabitants, circumstanced in every respect, we believe, as far as mental health is concerned, as unfavorably as the population of that congregation of cities we call the metropolis. But what need to go to Birmingham for proof that the insanity of city populations presents its fair proportion of curable cases, when the great lunatic hospitals of London itself present in their last reports, the proportion of cures to admissions, the one 63·7 per cent., the other 48 per cent.; and these of patients drawn from classes whose struggle for life is as great or greater than that of actual paupers. Of course these hospitals possess a great advantage in the power of selection they exercise over the cases they admit; but notwithstanding this, their percentage of cures proves the actual curability of city lunacy. We do not for a moment dispute the incurability of the cases brought to Colney Hatch, after they have been waiting for admission in workhouses and other places for a length of time. The question is, as Mr. Tyerman says, respecting the *occurring* cases; the few cases brought to Colney Hatch with certificates of curability more or less honest and judicious, are no test of the nature of *occurring* cases in the vast world of London. There is one test of the true nature of these cases, and one test only. When the Middlesex magistracy have done their duty in providing asylum accommodation, not only for the chronic cases confined in workhouses and licensed houses, but for all the cases which can be brought to their gates, in the exact practise of pauper lunatic law, which provides that when a pauper is found to be insane, he shall be *immediately*—mark, not to-morrow, or next week, or on the next admission day as it is called, nor after permission granted by the Visitors, but *immediately* conveyed to the County Lunatic Asylum; when the magistrates have provided accommodation, and thrown open their gates for the admission of all cases as they occur, they will be in a position to ascertain the amount of curability in occurring cases. We have no doubt that they will then make the delightful discovery, that insanity among the poor of Middlesex and London is not less curable than it is in other counties, and other great towns. Until then, any test they can apply,

similar to those we have recorded, is only a test of the amount of mischief which the delay and difficulty of obtaining care and treatment have done to the unhappy patient, and to the unfortunate rate-payer.

In the report of Mr. Tyerman, the Superintendent of the Male Department, the plan first introduced by him, and for which he deserves great credit (which has not always been given him by persons in high office, who have recommended the general adoption of the plan) has some of its advantages pointed out.

"One of the most interesting events of the year has been the further progress made in the appropriation of the exercising room, nearly to the full extent of its accommodation, as a dining hall; and in March and April, 260 of the female patients were introduced, some of them expressing their gratification at being, to use their own words, "allowed thus to associate with their fellow patients;" and the tranquil demeanour of the whole assembled number of 550 men and women patients, justified the hope that success would attend the system. In this hope you have not been disappointed, and many of the social advantages I had the honor to suggest as likely to accrue, have been already apparent.

"The habits of many of the patients so assembled, and so much more easily observed and corrected than in the numerous wards, have manifestly improved. The patients have found relief from monotony in dining at a little distance from their wards of habitation, which, especially during the heat of summer, have received far better ventilation.

"Increased facilities afforded to you, as Visitors, and to the officers for inspecting the patients so assembled as well as those not accommodated in the hall, (including the paralyzed and sick,) and the provisions supplied to them have been daily manifest.

"The removal of the knives, forks, and other utensils to the new scullery has been found materially to expedite the cleansing operations in the wards; and the rapid conveyance of the provisions, whilst hot, from the contiguous kitchen, ensures the patients a more palatable and digestible meal.

"Independently of these benefits, it has been found that the patients disposed to turbulence have been constantly controlled by the examples of their tranquil associates, the faculty of comparison having been thus brought into healthy action; and the implied confidence placed in the mass has operated as a stimulus to decent behaviour. On a few occasions only it was found necessary to remove excited patients, and these were females. Some patients, formerly prone to fill their pockets, and to 'gnaw' their rations, have rectified these habits; the vigilance and supervision of officers and attendants having been more effective."

This new feature in the domestic arrangement of the institution is further referred to by Mr. Marshall of the Female Department, who reports the addition of nearly 300 women in the large hall.

"This method has been adopted since March last, whereby much benefit has been derived, and many advantages gained; the greatest is that of being able to supervise the patients during the time of dining, which, under the previous arrangements, amounted to almost an impossibility in this large hospital. Moreover the wards from which the patients are collected, being empty, are more thoroughly ventilated, whilst many unpleasant smells are avoided by removing the washing-up of the plates and dishes after dinner; all the knives also are removed. A great change in the general demeanour

of the patients is evident from their being more frequently brought into the presence of the other sex."

Some carefully-constructed meteorological records are appended to the report, of which the most interesting portion is the attempt to compare the variations of the ozonometer with the number of the epileptic fits among the patients. Records of a similar character of observations made by Dr. Williams, of the Gloucester Asylum, were published in one of the early numbers of this journal; it does not appear that any connection can be traced between the two events. We would suggest that a careful comparison should be made between the variations in the quantity of ozone, and the state of excitement and of depression among the patients. It will not, indeed, be easy to estimate the latter, inasmuch as it cannot be counted or measured. There cannot, however, be a doubt, that the general state of the excitability of the patients of an asylum varies greatly from day to day; on one day all who are over-excitable are more or less noisy and refractory, on another day they are all as unaccountably quiet. We have long thought that atmospheric changes have a potent influence on these conditions; and if in any satisfactory way the excitability of the patients could be compared with the readings of the ozonometer, the result, whether affirmative or negative between the two, would be an interesting fact.

The report of the Visitors to the Colney Hatch Asylum, published during the present year, states that in obedience to the recommendation of the Commissioners, a larger number of the patients have been permitted to walk beyond the boundaries of the asylum as frequently as possible.

"Every precaution is taken to prevent their alarming the neighbourhood. Yet great alarm has been felt upon the subject, and great apprehensions expressed, unauthorized, it is believed, by any overt acts of the poor patients, to whom it is a great boon. A strong remonstrance was sent by a number of persons resident near the asylum, to which your committee felt it impossible to listen; and the Commissioners in Lunacy were then appealed to, but with the same result. Your committee, it is needless to say, would not sanction any proceeding in the management of the asylum which could give a just cause of complaint to their neighbours, or permit an experiment which was likely *a priori* to be a nuisance to others. But they have a duty to perform towards their patients as well as their neighbours, and the practice here adverted to, is not an experiment. It has long been adopted at Hanwell, and many similar establishments, without any other inconvenience but that of creating an unfounded alarm in the first instance, which we trust will be the case at Colney Hatch. It is indeed singular that such an outcry should be raised at a time when the public mind is being prepared by elaborate articles in journals of no mean pretensions, for the abolition of all restraint on the unfortunate individuals who have frightened the neighbourhood by an occasional walk in the public roads and villages around us. We may, however, perhaps, be permitted to continue this humane and curative process, and yet not be the advocates of a

system which would convert such "prison-like" buildings as Hanwell and Colney Hatch into the domestic cottages of Gheel, in Belgium, without locks to the doors, or padded rooms for the violent, and with no impediment for the execution of those suicidal tendencies under which so many of our patients labour. It will indeed be a happy day for England when insanity shall have so altered its character that "cottagers shall be trained to receive the poor lunatic as a member of his family, and where the performance of domestic offices, the society of the goodwife and the goodman, and the influence of the children, shall restore his disordered brain." But this will not be, we may fairly predict, in our day, or in the neighbourhood of Colney Hatch."

The account given in the pages of this journal by the graphic pen of Dr. Stephens, of St. Luke's, will satisfy any candid and thoughtful person that this much vaunted place offers anything but a model for imitation. To say nothing of the iron fetters and the gross superstition which replace watchful care and medical treatment, in this curious remnant of the barbaric ages; all that has so unjustly been urged in the public prints against private lunatic asylums, tells with tenfold force of argument against the squalid private asylum, in which the profits derived from the parsimonious maintenance of a single pauper lunatic pays the cottager's rent. Who shall say what meagreness of diet, what scantiness of clothing, what harshness of treatment, do not exist in these most imperfectly inspected private lunatic asylums of the Belgian peasant? That a few selected cases of chronic and harmless lunacy may advantageously be placed in carefully selected homes of persons belonging to the peasant or artisan class, we are well aware, and can speak on the point from personal knowledge. But that the Gheel system should ever be applicable on a large scale is the impracticable scheme of a few inexperienced and weak-minded persons, who delight to maunder in philanthropic reverie.

A curious practice prevails at the Colney Hatch Asylum, on the manner of dealing with the reports of the Commissioners. These reports are submitted to the Superintendents, for the purpose of reporting upon them; and these counter-reports, with the comments of the Visitors, are transmitted to the Board of Commissioners. We should have thought it more conducive to the peace and comfort of the parties, if the observations of the Visiting Commissioners were accepted with less discussion; if, wherever they found a blot, or suggested an improvement, the remedy were applied in good faith and good temper, and with as little delay as might be; and that when the Commissioners fell into an error, or counselled an inexpediency, the simple remedy of taking no notice should be applied. We can conceive no more unpleasant or unprofitable state of affairs, than a state of chronic discussion between the

officials and Visitors of an asylum and the Government Inspectors, whose power in the asylum is limited to an annual visitation and an unpublished report, whose sole weight is derived from the accuracy of its facts, and the reasonableness of its opinions. The report of the Visiting Commissioners is lengthy and circumstantial; containing many matters which we should have thought might have been left to the Superintendents to carry out at once, seeing that it is far more easy and agreeable for a Superintendent to carry out an improvement on the friendly suggestion of a Commissioner, than to do the same thing after he has been put on the defensive, as it were, by the notice of a trivial defect in the official report. In the instance before us, the Commissioners doubtless felt that the Superintendents had not the power to act on their suggestions, unless they were driven in and clenched by notice in the report. This is evident from the concluding paragraph.

"As respects the female division, we are assured by the Medical Superintendent of his readiness and desire to carry out our suggestions to the extent of his power, and we trust that the Committee of Visitors will afford him every encouragement in so doing, and that they will with the same object, invest the Superintendent of the male division with adequate authority to improve the arrangements and condition of the patients in his department."

Mr. Tyerman's report contains some valuable observations on the character of Metropolitan insanity, as it presents itself in the wards of this asylum. As far as our own observation extends, these characteristics apply almost equally to the insane poor of provincial towns and agricultural districts. Mr. Tyerman has done good service in strenuously opposing the view that insanity is a sthaine disease.

"With regard to the cause of disease, the history has been perhaps a little more explicit than heretofore, and it is probable that addiction to intemperate habits has exerted the chief influence in a fourth part of the cases; but the remarks I have made in previous years as to causes of exhaustion depending on the struggles of life, and the difficulty of procuring a livelihood, obtain to a great extent; the physical results being too plainly shown in the attenuated frame, the sallow, unhealthy countenance, the pallid and œdematous tongue. In such cases rest, sometimes long continued in the recumbent posture, has obviously aided the effects of wine and a liberal dietary, improved by the addition of condiments, the necessity of which has, in some instances, been indicated by spongy gums, purpura, and other evidence of scorbutus, a cachectic condition of the body under which recovery from associated diseases cannot be expected to take place.

The report of the *Hanwell Asylum* contains the account of a death from violence, which would appear to determine in the affirmative the question, whether it is possible for a man to destroy himself by dashing his head against a wall. We have known the attempt made in several instances, and have

seen a severe contused wound of the scalp over the vertex thus produced, but we never saw any signs of cerebral mischief. We have somewhere met with accounts of sane prisoners thus dashing their brains out to avoid a death of shame or torture; but these accounts seemed of less than doubtful veracity. A greyhound, indeed, in full career, will dash his head all to pieces, if it come in full contact with a post or tree; but the strength of man seems scarcely able to propel his bulky body with sufficient force to produce the like result. The direction also has something to do with the matter. A man cannot run with speed, except in the erect posture, and when in this posture he brings his head into collision with an opposing substance, the weight of the body is not behind the head, but below it, and therefore its impelling force is lost. Grant that a man can throw himself forward, for a short distance, with a velocity equal to twelve miles in the hour (a very different pace from the greyhound's sixty miles an hour), this, no doubt, would be amply sufficient to produce fatal concussion if the body were propelled forward vertically, as we see in the accidents which occur in falls from carriages going at less than that pace; but in the attitude in which a man runs against a wall, it does not appear sufficient to be productive of much danger, and the instance recorded by Dr. Begley is the first we have met with of death produced in this manner. We could have wished that the thickness of the cranial bones and the condition of the cerebral arteries had been noticed.

"The patient, on the day after admission, suddenly rushed forward and struck his head with much force against the inner (wooden) sash of one of the windows of the ward; no bruise or other mark of injury appeared externally, nor did his excitement subside. He died on the fifth day afterwards. On examination of the body, an ecchymosis of the size of a crown-piece was found on the inner surface of the anterior portion of the scalp, about the middle of the frontal region; there was also effused blood on the outer surface of the os frontis, corresponding in size and situation to the ecchymosis of the scalp; bloody serum was under the arachnoid and at the base of the brain, and blood was extravasated on the surface of the right hemisphere; it was coagulated. The verdict returned was "Death from extravasation of blood upon the brain, and the effusion of bloody serum into its substance." This man was brought from prison; nothing was known of the cause or duration of his insanity, nor whether his striking his head against the window was prompted by a wish to commit suicide, or to effect his escape, or arose from some blind impulse."

It is singular that Dr. Sankey has to record a death in the female side of the Hanwell Asylum, which, at first sight, might appear to have resulted from the same cause.

"R. C. G., a German. This patient was one of the most excited in the Asylum, and often furiously maniacal. She had been in the Asylum several years. She was formerly a "mesmeric medium." She was quite imbecile, having lost all means of making herself understood, even in her native language.

When she became excited she would dash her head violently against the door of her room. A short time before her death she had managed to inflict a severe wound on her forehead by this means; the wound, however, was healing, notwithstanding it was frequently interfered with by her. On the morning of her death she was heard about 6 o'clock, vociferating very loudly; but at a little before 8, her nurse, on entering her room to give her her breakfast, found that she was motionless, and in fact dead. She was lying in bed in an easy and composed position, there was a little blood, amounting to a few drops only, on her fingers and face, but the dressings on the wound were undisturbed. The verdict returned was "Death by natural cause." and probably the true medical explanation of the form of death was Syncope, occurring immediately upon an excessive maniacal paroxysm.

A novel mode of agreeably combining recreation and occupation has been hit upon for the female patients, which Dr. Sankey thus notices.

But the newest feature introduced during the past year is the appropriation of some part of the pleasure grounds as allotments of small flower gardens for a portion of the female patients. Nineteen plots have been laid out and the ground supplied, which the patients have cultivated, and the occupation has been a great enjoyment, as well as of marked use to all.

Dr. Sankey gives some interesting remarks in the statistics of Hanwell, from which we do not gather that in his opinion the form of lunacy as it occurs among the poor of Middlesex, is more incurable than elsewhere, but that the great proportion of incurables at present resident in Hanwell, is owing to the silting up as it were of the place with the incurable deposit of years. He shews that so much as 15 per cent. of admissions remain alive in the asylum as incurables after the lapse of 25 years from their admission. The change in the form of disease during long residence is singular. Thus of 584 cases in the asylum, December 1856, 432 were, on admission, suffering from mania and melancholia, and 152 from dementia, imbecility, and idiocy. At the date of the report, two years subsequently, 582 of these patients are thus classified; 288 suffering from mania and melancholia, and 294 from dementia, imbecility, and idiocy. This change of form, however, does not tell much on the question of curability, since a case of chronic mania, is not far from being as incurable as one of dementia. Of course the proportion of cures, to the number of patients resident in Hanwell, must be exceedingly small, owing to the small proportion which the admissions bear to the chronic residents. Thus the admissions at Hanwell during the year were only 138; the number of residents being 1023, or rather more than one seventh. In the Birmingham Asylum the admissions were 154, the residents only 294, or more than one-half admissions. The proportion of cures to admissions will have relation to the nature of those admissions; and if all *occurring* cases are admitted freely and without delay, and

the parochial officers do their duty in bringing them to the asylum, as the act directs, immediately, and at once, there is not the slightest reason to believe that the proportion of cures at Hanwell will fall short of the average proportion observed in county asylums. There is a singular fact noticed in Mr. Ley's report of the Oxford Asylum bearing on this point, which we have long noticed in our own experience, namely, that there is a wide difference in the curability of patients brought to the asylum from different unions.

"The unions which have sent the largest number of patients within the year, have also had the greatest number of discharges; and the unions whose number of inmates has most increased are those which sent a medium number of patients but had a few discharges."

The report of the *Nottingham Asylum* states the result of an experiment made to relieve the overcrowded wards.

"With a view to relieve the pressure in 1855, 1856, and 1857, 59 harmless chronic lunatics were transferred to their respective workhouses; 20 of them have already been returned as unmanageable. I understand that some of the others have given trouble to the authorities. The experiment has relieved the asylum temporarily, but these results tend to discourage its repetition upon the same scale."

Dr. Stiff records the introduction of typhus fever into the asylum, the symptoms of which, accompanied by furious delirium, came on soon after admission, in a patient brought from a village in which the disease was rife. The patient was sent from the asylum to the hospital, but he was returned to the asylum on the following day, as he was found violent and unmanageable. He recovered.

"Not so, however, two robust patients who inhabited the same gallery, they sickened of fever and died: the disease in one case presented an unusual symptom of putridity, namely, hospital gangrene of the nose. One of the attendants upon the first patient experienced an ephemeral attack. Fortunately, the infection did not extend beyond this."

The best preventive measure against such a disaster would seem to be that some isolated portion of the asylum, or some building near to it, should be available as a sick ward for the treatment of patients suffering from infectious disease. Typhus, small pox, or scarlet fever, introduced into asylums, crowded as many of them are, might be productive of most lamentable results. The 53rd section of the Lunatic Act was probably framed with regard to the cholera. It would scarcely be possible to apply its powers to the more sporadic forms of infectious disease, since it is a matter of rare occurrence that whole districts are infected by them, and the manner of their communication is frequently too subtle to be traced. The Superintendent certainly ought to have the power to refuse admission to any inmate suffering from the actual symptoms

of contagious disease, even of a disease apparently so unimportant and so easily curable as scabies; unless, indeed, the urgent need of treatment should induce the Superintendent to suspend the operation of the law. There ought in such cases to be a wide discretion vested in the hands of the medical officer, to whose care the well-being of so large and so helpless a community as that of a lunatic asylum is entrusted.

The report of the *Oxford Asylum* contains the account of a most difficult surgical case, which was happily brought to a successful termination. A patient had cut his throat with a piece of window-glass, so as to open the pharynx behind the larynx. Treatment was resisted and appliances removed with a most determined suicidal intent. By means, however, of a pair of stays, so constructed as to retain the edges of the wound in one position, and to resist the suicidal attempts to tear the wound, this most difficult case was brought to a successful termination.

Mr. Ley has some judicious remarks upon the much mooted question of night nursing.

“The attention of Committees, and other persons most active in the management of asylums, has been repeatedly, and again recently, called to what is termed the dirty habits of patients. It appears to be thought that a system, which had been successful in some of the old asylums, is less attended to in asylums of more modern establishment. Finding that the experience of this asylum is in accordance with that of the Superintendent of the Asylum for the county of Kent; believing that I have noticed changes in the condition of the patients treated in the more modern asylums which will account for an apparent falling off in the management, I think I may fairly notice the subject in my report to this Committee. It is too recent to be forgotten that the older asylums were complained of as being full of patients, of whom a large proportion had become chronic within their wards; and they could not receive the cases which the parishes desired to send. The asylums complained that the parishes, when opportunity offered, sent to them patients to die; and appealed against the sending of dirty, and dying patients; the object of the asylum being cure. The modern county asylums have been built of such size as to make it unnecessary that these complaints and appeals should be used. The excessive mortality that has attended the opening of some of these asylums, has proved the need of their hospital care, and the use that has been made of them. The character of the patients received into the asylums which have not felt, or have thrown off, the pressure which limited the number of admissions, is different from that of the inmates of asylums of an older date. It may be fair to speak of the dirty habits of an idiot or of a patient that is convalescent and gaining strength from the virulence of a recent attack or relapse. As regards the condition of the epileptic, the paralytic, and the debilitated from recent attack, or declining strength, the word habit is misapplied; the treatment of a habit is inapplicable. The instructing of attendants to treat patients of dirty habits in such a manner as to force cleanliness on them, is inviting severity which will, probably, be not very discriminating; is likely to be most severe on persons really helpless; and to be reflected on as cruel. Since the system of treatment, which has been termed the humane method, has received the sanction of public approbation, it has become necessary that forbearance should be practised towards the helpless, as well as towards the violent. It is quite probable that the relief and economy of sending to the asylum so much that is as unwholesome as uncleanly while at

home; is amongst the reasons why the parishes, practically, approve of these somewhat costly establishments. It has always been the practice of this asylum to lean to forbearance towards infirmity, rather than to coercion; the one being suitable to its character, while the other would not need the asylum for its application."

The distinctions thus drawn between patients who are liable to wet their beds from mere want of attention to the calls of nature, from those in whom the circumstance is the result of actual disease, has an important bearing upon the management of these two classes of patients. In the one case the affair is the result of bad habit; in the other of infirmity. In the one it is usually accompanied with fair bodily health; in the other it is always attended by the symptoms of active disease, and most frequently by those of debility, making an unbroken night's rest a matter of the utmost importance. It would, therefore, be most indiscreet to treat the sick and feeble, in whom irretention of urine is a sign of disease, in the manner which has been found so successful in breaking the wet and dirty habits of neglected idiots, imbeciles, and others, in whom it is solely the result of habit, and only to be cured by establishing a better habit. We do not believe, indeed, that it is conducive to the health or comfort even of a feeble paralytic, that he should be permitted to lie in wet sheets all night, and thus be exposed to the chilling and dangerous effects of evaporation, his skin soddened and irritated, and prepared for the invasion of bed sores. Still he ought not, and indeed cannot be, turned out at the word of command like a robust idiot. There is a middle way, and by the aid of thick cotton sheets placed over macintosh coverings, it is not difficult to change a wet bed for a dry one for patients who cannot "turn out." For robust patients, with whom the question of wet beds or dry beds is one of habit, and habit alone, the habit of turning out when the night watch lamp is shewn is a safe and effectual mode of management. The notion that with this class of patients, any injurious effect is likely to result from the brief interruption to the night's rest, is quite erroneous. The habit of waking up for a few seconds or minutes, and going to sleep again immediately, is easily acquired; and indeed is practised by many classes of men out of asylums without the slightest detriment to their health. As for insane patients, who turn out in order to establish habits of nightly cleanliness, we can speak from frequent observation that they do so almost without awaking, and that the practice has not the slightest ill consequence upon their state of bodily health; indeed that it is quite the reverse. Mr. Ley observes very justly that different asylums contain

different proportions of the two classes of patients, who wet their beds from infirmity or from habit. But it must be remembered that all county asylums contain patients of both classes, and that because in some patients the feebleness of disease needs to be kept in view in their nightly management, it is no reason why in others the immense advantage of breaking an unwholesome and disgusting habit should not be sought for. It is a suggestive fact that those Superintendents who object to the training of idiots and other patients into habits of nightly cleanliness, also object to the use of special night nurses, using the day-attendants in rotation for the night duties. We have no belief in the efficiency of night nursing thus performed, and we think that it is fair for those Superintendents who have carried out the system of night nursing by the aid of special servants for the purpose, to say to those Superintendents who have not thus carried it out,—your objections are based not upon experience but upon theory, while our knowledge is the result of experience which supports our theory.

The danger which Mr. Ley so fairly points to, of the exercise of severity which may be reflected on as cruel in the attempt to enforce habits of cleanliness in dirty patients, is well deserving attentive consideration. If a Superintendent were to give to his servants general unconditioned orders to enforce habits of cleanliness upon his patients, and cause them at any cost to shew a clean bill of beds every morning, there can be little doubt that the patients would be liable to experience no inconsiderable amount of harsh treatment. It is difficult enough to hold the balance between necessary discipline and harshness of treatment, even in the daytime, when the conduct of every attendant is open to observation from dozens of watchful eyes; but in the stillness and secrecy of night, it is, without doubt, infinitely more difficult to do so. Either by day or night, a Superintendent is compelled to rely, to a great extent, upon his knowledge of the character and general conduct of his servants; his inspection power being only efficient up to a certain point, even in the daytime. Moreover, although difficult, it is not impossible to ascertain the conduct of his night attendants. They are not wholly removed from the unexpected observation of himself, of his assistant, and his head attendants. The Superintendent who should choose a harsh and brutal man to be a night nurse, and should leave him in the discharge of his duties, without supervision or control, would commit a grievous error; but the possibility of such an error is no reason why the duties of night watch should not be entrusted to persons

selected and inspected in quite a different manner. The objection applies to day as well as to night attendants, and to day discipline as well as to night discipline. It is only needful further to add, that the main part of good night discipline can be attained without the exercise of harshness, and, indeed, by the exercise of no more objectionable qualities than patience and good temper. The correction of bad habits and objectionable conduct in *all* patients, in the vicious, the stolid, the sullen, cannot be effected without unmistakable coercion of some kind or other; and it is better to submit to defeat from the unmanageable exceptions than to break the rule of kindness. But the great majority of patients are open to improvement by gentle influences. The firm shew of authority, exercised with kindness and patience, is with them sufficient at length to ensure obedience. Compare any other bad habit to which the insane are liable, untidiness and destructiveness of clothing for example. It is as true a statement, that such habit cannot be totally abolished without the use of coercion of some kind, as that it can in great measure be abolished by patient and long continued effort, without the exercise of any harshness. The insane are not proper subjects for sudden and resolute efforts of discipline. With them the Italian proverb is most true, "*Che va piano va sano, e che va sano va lontano.*"

The report of the *Somerset Asylum* contains the following on the benefit derived from the judicious use of the shower-bath, and the important fact that it is felt to be so by the patients themselves.

"This remedy has been frequently used during the year with beneficial results in cases of excitement, and also in cases of melancholia with heat of head; two remarkable instances may be given. The first T. W. aged 23, admitted in the autumn of 1855, in a state of dementia, hereditary predisposition on her father's side, in indifferent bodily health, had been in a private asylum, and also for one year in St. Luke's hospital, her illness of two years duration at the time of her admission, noisy and violent in her conduct and very destructive in her habits, very tall, and circulation feeble, had a gangrenous ulcer on one foot, for which she was placed in the infirmary, there she remained during the winter, her bodily health improved, but she was very noisy and addicted to swearing especially at night. During the day she sat upon a bench with her knees drawn up to her chin and was unable to stand alone, the mouth distended and eyes turned upwards, a quivering of the muscles of the face, uttering frightful yells. Anodynes were regularly given with no relief. On the 3rd of June, she was first placed in a douche bath, after this she was observed to cry out "I want a bath," she was unheeded at first, but continuing very noisy she was placed in the shower bath for three minutes, she had a quiet night after and the shower bath was repeated the next day, she seemed to like it; the shower bath was repeated two or three times a week and she rapidly improved in walking, her frequent cry became "I want a bath," when placed in it and the shower stopped, she would cry out in a beseeching tone "a drop more if you please." Her nights became tranquil, she gradually

regained the use of her limbs and at christmas was able to join in a dance, but still walked on her toes. In a few months she ceased to ask for the bath, during the summer when her head became hot and face flushed she was put into it occasionally; she is now quiet, grown fat, generally laughing to herself, and is amongst the most orderly patients, but as regards the state of her mind, is still incoherent. A medical officer of St. George's hospital chanced to visit the asylum during the time and witnessed the case as described relative to the shower bath, which happened to be when public attention had been particularly directed to the subject.

"A female, S. C., aged 21, admitted in a state of melancholia, second attack, of three weeks duration, caused by grief at the death of her father, suicidal propensities, had very recently attempted to cut her throat, and for two days previous to admission had refused to take any food. She continued obstinately to refuse taking medicine and occasionally food for a period of three months; she was subject to flushings of the face and headache, blisters were applied to the nape, and she had a shower bath, finding benefit from it, she asked for the shower bath to be continued, she quickly recovered afterwards, and at the end of six months was discharged quite well."

Dr. Boyd reports with commendation the use of a solution of opium in diluted hydrochloric acid, which is supposed to be less stimulating and better suited for the insane than the tincture of the Pharmacopœia. We have long used with benefit a solution of opium in diluted acetic acid, which we have thought less liable to derange the functions of the stomach than the alcoholic tincture.

The report of the *Surrey Asylum* contains no matter worthy of comment, except the long and ably-written letters of the Visitors on the unhappy Dolley case, which we have no desire to re-open.

The *Suffolk Reports* of 1857 and 1858 contain, as usual, the impress of the humane and single-minded physician who has long been the senior of English Superintendents. For many years he has claimed just consideration for those to whose anxious care and toil the comfort and safety of the insane inmates of asylums are ultimately confided. In the interest of the insane themselves, a considerate and liberal treatment of their attendants, is a matter of importance which can scarcely be overestimated. The life of an attendant is sufficiently irksome, distressing, and dangerous in itself to render any additional discouragements in the form of groundless and irritating accusations, most unwise as well as unjust, as likely to deteriorate the class, by repelling all persons from making application for such service, who can obtain a more laborious but more peaceful crust in any other honest way of labour.

On the employment of patients, Dr. Kirkmann appropriately quotes the saying of a royal academician, that "a man is not getting on because he is employed, but he is getting on who is *properly* employed." The choice of the employment,

and, indeed, of treatment generally, ought as far as possible to be adapted to the requirements of each individual case ; and in order to do this, the immediate attendants upon the insane must be men with some understanding, with fair intelligence, good temper, and that feeling of responsibility in their work, which they can only experience so long as they are themselves treated like men, and not like machines.

“ Our treatment in asylums may partake too much of class treatment, too little of individuality. There is often a stiff formality observable where all sit like school children, thereby unenviably raising the medical officer to the likeness of schoolmaster, and the only indications of convalescence in his patients, are supposed to be unbended back, and the pad-locked lip. Loud discourse is not inconsistent with order. In some recent suggestions there seems to be an apparent forgetfulness of the truth recognized by all sound authority, that each case requires its particular treatment. There should be variety of accommodation, to meet variety of habits and fancies. Some patients to whom the very “ grass-hopper is a burden ” will prefer single rooms ; others, fearful of being left alone, will entreat to be placed in companionship. It is desirable, as far as possible, to comply with each individual request ; and to yield to each individual’s inclination in the hope of cure ; with the remembrance always before us, that there need be nothing in the privacy of the single room or in the amplitude of the extended dormitory, to obstruct the exercise of that kindness which has been so graphically expressed as capable of being “ drawn even through a key-hole.” The habitual remembrance and application of this maxim, is the most valuable characteristic in an attendant, and to train each to the attainment and retention of it, under anxieties and occasional embarrassments, is not always an easy task. The services of well qualified attendants, persons with intelligence enough to discern those varying feelings which exist in sad disarray within the mind ; and humanity enough to bear with the wayward exhibitions of those with whom they daily associate, cannot be overvalued.”

The report of the *Shropshire Asylum* contains matters mainly of local interest. The main sewer had failed, and in certain states of the wind the effluvia were perceptible in the asylum by the sense of smell, and “ as regularly were there observed to occur in that part of the building cases of gastric irritation, for the most part accompanied by diarrhœa.” Measures have been adopted to improve both the drainage, the warming and ventilation, and the water supply. We observe that with 324 patients, the Medical Superintendent reports that he is “ unassisted in the discharge of his general duties ;” a thing which ought not to be.

In the report of the *Staffordshire Asylum*, the prevalence of dysentery is also recorded. In this instance it was more serious, having been fatal in twelve cases. It arose from a different and less excusable cause, namely, the poverty of the dietary in which “ poor and insipid soup, being little more than the liquid in which the meal of the previous day’s dinner had been boiled,” “ formed part of the ordinary diet on three days of the week.” On this representation made by the

Visiting Commissioners, one of whom was the previous Superintendent of the asylum, the Visitors increased the dietary scale, giving the patients thirty ounces of cooked meat free from bone during the week, a measure which they state, "has proved of service in maintaining the health of the patients."

In the Superintendent's report much the same observations are employed in regard to the patients brought from the mining districts, in relation to the probability of death or recovery, as those in the Middlesex reports.

"Experience shows that the trade or occupation of patients materially modifies or marks the type of the complaint, and influences its course: thus the peculiar nature of the employment pursued in mining districts,—from which so many of our inmates come,—together with the demoralising habits of this class, have a tendency to deteriorate the powers of life, and render their chance of recovery but slight. Many of the patients brought to the asylum possess no powers of reaction, in consequence of the inroads on their constitution from previous excesses; if not too far gone, curative measures and generous diet may sometimes arrest the progress of bodily disease, but in too many instances medicine proves unavailing; rapid exhaustion follows, and death quickly terminates the patient's suffering."

No doubt the form of insanity varies to some degree, as it attacks different classes of men. No doubt, also, that among some classes, the early symptoms are more likely to be overlooked or neglected than among others; but, apart from this liability, is it not probable that the proportion of insanity which takes place in a certain class or population is the measure of the anti-hygienic condition of the class, rather than that the character of the insanity in relation to death or recovery is so? When the causes of insanity have been applied in sufficient force to produce the outbreak of the disease in the individual, whether he belongs to a city population, or to a mining, or an agricultural population, they must previously have produced in him the condition of mind and body favourable to the outbreak. If this were not so in any class of the population, whether it be the Middlesex paupers or the Staffordshire miners, it would prove that insanity in that class does not display itself at so early a stage of physical or mental degradation, as in other classes; which is most improbable.

Mr. Bower remarks that the facts ascertained respecting the education of the patients admitted, were discouraging. Of 203 admissions, 53 were unable to read or write, and 34 were unable to write, leaving only about three-fifths of the whole number able to write. A comparison between these numbers and the corresponding ones which would apply to the sane population of the county would be important. If we remember rightly, the Inspectors of asylums in Ireland

found that the education of the inmates of the pauper asylums in that country was above that of the population at large.

The report of the *Wilts Asylum* of the present year contains notices of the plans for enlarging the asylum. It also records the only instance in which it has been found needful to apply mechanical restraint since the asylum has been opened. The fact derives additional importance from the well-known skill of Dr. Thurnam in the use of the system of treatment, known as the non-restraint system, and for his firm adherence to the principles of that system. The non-restraint system is not a law of nature, which brooks no exceptions. It is a rule of conduct, and as such admits of rare exceptions like the one here recorded.

"In one instance—the first, with the exception of a surgical case or two, which has occurred since the opening of the asylum—the medical Superintendent has thought it right to depart from the general rule of the total disuse of personal restraint. The case was that of a female partially disabled in the lower limbs, labouring under an inveterate form of moral insanity, who with the idea of frightening those around her into a compliance with her unreasonable demands, abandoned herself to practices the most disgusting, and to language too outrageous for repetition. After the employment of every method which could be suggested, and the exercise of the greatest possible patience, a strait waistcoat was applied for part of two days, with perfect success; and the fear of its re-application has sufficed to prevent any recurrence of the objectionable conduct or language. A case of this exceptionable kind shows the inexpediency of being too rigidly bound by any general rule as to the disuse of any mechanical restraint. The occurrence of one such instance in a period of six years, serves rather to confirm than to invalidate the rule, the general applicability of which to the circumstances of a well-ordered asylum there seems no reason to doubt."

The report of the *Friends' Retreat, at York*, contains some interesting financial statements. This celebrated institution has lately been referred to in the *Times* newspaper, as an illustration of the good which can be effected by a well conducted private asylum. It is, however, to all intents and purposes, a public institution, coming under the legal category of Hospitals for the Insane, and, in this respect, it does not differ from the Coton Hill Asylum, the Warneford Asylum, and other public establishments of the same class. The inestimable benefit which its founders have conferred upon the insane by presenting in it the very first example of a public institution in which the insane were systematically treated on principles of humanity and intelligent forbearance, is in no slight degree enhanced by the example it presents of a public asylum for the middle classes, successfully conducted upon economical principles. It has of late, been constantly repeated, that the most urgent want of the metropolis is a self-supporting asylum, in which patients of the middle class

may find treatment at an expense not exceeding one guinea per week, The Friends' Retreat presents an example of such an asylum. The actual expenditure during the year has been £5920, of which, £410 has been expended in repairs and alterations. Deducting this, the cost for care and maintenance of the 112 inmates has been, omitting fractions, 17s. per week each. This sum includes everything except the rent of building, and furniture. The management, as we can testify, is conducted on a thoroughly liberal scale, both of diet and appointment; as an example of which we may mention that carriage exercise is a regular part of the system. While the expenditure, irrespective of the building, has only been £5,510, the actual receipts from patients have been £6,556, and the receipts from all sources have been £6,992. It does not appear that this large amount of what may be called profits is any part of the plan of the founders, and indeed it is referred to as "a result mainly consequent upon the proportion of the higher class of patients continuing to be large, and beyond the average of former years." The inmates are classified in respect of payments as follows.

"Thirty-two who pay not more than 6s. per week; twenty-three more than 6s. but not exceeding 10s.; twenty-two more than 10s. but not exceeding 20s.; six more than 20s. but not exceeding 40s.; twenty-nine more than 40s. Of these 112 patients, twenty-one are unconnected with Friends by religious profession, and eleven others are not in membership with them. The number of patients who are members of the society is eighty."

Of course all who pay less than 17s. a-week are to that extent the recipients of a charity, which the Governors are able to dispense from the successful financial results of the enterprise of the founders. In the report of the Superintendent the death of a young man is recorded who suffered from congenital deficiency of the moral faculties, or as Mr. Kitching has elsewhere designated this state, moral idiocy.

"An intractable, wayward child, he grew into an incorrigible boy. The disciplinarians of six schools in succession tried their powers of subjugation, and expelled him as a pupil. The severe regulations of a ship failed to accomplish what the schoolmaster had vainly attempted. Nor is this to be wondered at.

"It had not yet occurred to those who had the management of the youth, that the moral perversity which they were attempting to subdue was not the result of vice, but of disease; and that what was required was the cure or alleviation of that disease, and not the correction of a reprobate. Four years ago, when the diseased condition of the moral faculties had assumed a more dangerous form, and manifested itself in acts of homicidal violence, it was discovered that an asylum was the proper receptacle for such an individual, and he was sent to this institution. Here he enjoyed the required protection against mistaken treatment, and a sphere was afforded for the occupation and culture of those faculties which, in a large degree, remained uninjured.

"The real nature of moral insanity cannot be more convincingly exemplified

than by the appearance of mental disease in some aggravated form in the offspring of those who have been affected with it.

"A deplorable instance of this hereditary transmission has been afforded in one of the cases admitted this year. In this case, partial dementia attended with delusional mania has occurred in the child of a parent who was formerly confined in this institution for moral insanity, but some of whose relatives, and friends did not believe in the existence of such a disorder.

"The latter stages of moral insanity frequently show that it is connected with, if they do not prove that it is dependent upon, certain diseased conditions of the central nervous masses."

We must confess ourselves at present unconvinced of the existence of moral idiocy unconnected with intellectual idiocy, even although in individual cases the truth of this opinion may be supported by the proof of hereditary taint, either in the onward or backward direction of relationship. The genesis of the moral faculties is one of the most profound and interesting questions of mental science. So far as we have been able to form an opinion, they are developed through the operation of the intelligence. With a sound intelligence there can scarcely be such a thing as a congenital inability to distinguish right from wrong; although it is possible that there may be a congenital tendency to the excessive or defective development of a particular emotion. Whether such tendency, where it is bad, deserves to be considered as an inherited proclivity to vice, or as the commencement of mental disease, is a question which involves the old dispute respecting the pathological nature of vice.

The mode of death in chronic cases of insanity is often peculiar, and different from what is seen in other diseases. Gradual decay, or decay of the powers of life, is a frequently assigned cause of death; and for some time we have been in the habit of certifying some forms of death to atrophy of the brain, a practice which we are glad to observe has now received the sanction of Dr. Boyd. Mr. Kitching has some excellent remarks on this subject.

"The remaining cases of death do not require especial comment. I may, however, remark that though they are each attributed to some distinct disease, (and it is always satisfactory to ascribe that event to some pathological cause,) yet in the majority of old lunatics, the termination of life is gradually brought about by a progressive debility of the nervous system, a gradually advancing atony of the cerebral and ganglionic structures. In the course of this inevitably fatal affection, a point is at last reached when any old-standing disease either becomes accidentally aggravated, or the powers of life are no longer equal to overcome the impediment caused by it to the vital processes."

The report of the *Asylum for the West Riding of Yorkshire* reports the large number of 313 admissions to an asylum with accommodation for 828 inmates. Dr. Chapman, Superintendent *pro. tem.*, during the illness of the late Mr. Alderson,

refers to this large proportion of admissions in explanation of the somewhat large mortality. He also comments on the broken down state of the patients' health on admission, in almost the terms employed in the Colney Hatch and Stafford reports. As the Committee have refused very few applicants for admission, Dr. Chapman is no doubt correct in attributing in great part, this broken-down state of the health of patients admitted, to the culpable negligence or parsimony of the parochial officers in delaying to bring patients to the asylum at the first outbreak of the disease.

"A far more influential circumstance in commenting upon this mortality, is to be sought for in the extremely depressed and feeble state of bodily health, in which the majority of the patients are found on admission. In truth, this last is the most constant circumstance in the year's history. The depressing causes which have produced the insanity, have, at the same time, broken down the bodily health; those influences which are capable of giving rise to the one, being often as powerful in producing the other. Another not insignificant cause will be found in the delay which too frequently occurs before the sufferers are sent to the institution,—a delay not attributable as a rule in humble life, to the unwillingness of friends to part with them, but to the unwillingness of parish authorities to remove them, in the hope that a short period may bring recovery."

In the report of the *Asylum for the North and East Ridings*, the economy of the plan of producing, as far as possible, the supplies of food for the institution, is insisted upon.

"In reference to the maintenance management of this institution, it may be well to remark that the plan of slaughtering all the animals for consumption, which has been practised here for upwards of five years, answers perfectly. The meat is very superior, and at prices much higher could not be obtainable by a system of periodical contract. The most saving mode of managing an asylum is to cultivate, in every possible way, all such commodities as are useable in the establishment."

The value of the opinion is unquestionable; *cuique suis credendum est*.

The report of the *Northampton General Lunatic Asylum* is for two years, but as the public is furnished with weekly reports of the state of the patients, and with quarterly reports of the accounts, Dr. Nesbitt is of opinion that this arrangement answers every purpose.

The most remarkable and gratifying part which we observe in this report, is the large amount of charitable donation which the asylum has enjoyed amounting to £25,992 18s. 2d. Of this sum, £1,110 have been derived from *anonymous donors*, the largest donation of this kind having been that of £500, "anonymous by five bank notes sent by post." The amount of sympathy for the purposes of the institution, indicated by these charities, is not less honorable to the donors than it is encouraging to those who devote not their

money, but their lives to one of the most harassing and perilous of professional callings. It is well for them to feel that they are not labouring in a cause shut out from the sympathies of their fellow men.

The report of the asylum for the *County of Gloucester* contains the following testimony, founded upon observation, of the importance of separate night attendants.

“The appointment of a separate night attendant, whose duty it is to visit the bedchambers of the sick and feeble, and also those whose habits require particular attention every hour of the night, appears to have worked very satisfactorily. It has been in operation for several months among the females, and with marked benefit to the comfort of the invalids, and has led to material improvement in the personal habits of many other patients. It has been recently introduced also on the male side, where it is hoped the results will be equally favourable.”

The Visitors are still proceeding with the enlargement of the asylum. They convert the Superintendent's apartments into wards, and have bought a piece of ground only separated from the asylum by the public road, on which they intend to erect a suitable residence for the Superintendent.

The report of the *Asylum for the County and City of Worcester*. Dr. Sherlock notices the prevalence of rheumatic affections, which he is disposed to attribute to the usual beverage of the county, cider.

“The complication of rheumatic affections with disease of the heart and of the arteries has been unusually frequent in cases admitted and dying throughout the year. From a comparison with the statistical tables of other asylums, it would appear that these combinations of disease are more frequent in this district than in others, and are probably due to some peculiarity in the diet in common use amongst the population, to the exposed occupations of the majority of the cases admitted, or to some modification of the climate or peculiarity of soil. The habitual use of acid beverages made from the fruit which is generally very abundant exerts probably some influence on the constitution of those who adopt it as an article of their dietary, and any peculiarity so produced would naturally be transmitted to each succeeding generation, and be rendered more marked from the continued operation of the exciting cause. The number of cases, especially of females, admitted, who suffer from chronic rheumatic arthritis, with nodosities and deformities of the joints, often accompanied with disease of the heart, has been a matter of constant observation; and from such affections favouring the occurrence of disease in the arterial coats, it results that rupture of the cerebral vessels, which from their anatomical character are more especially liable to this accident, not unfrequently happens—producing apoplexy and paralysis in a larger proportion than is usual amongst the insane of this sex.

In commenting upon the accidents to which epileptics are liable, Dr. Sherlock refers to that of suffocation from pressure of the mouth on the bedding during the fit; but he is inclined to think that this is not always the cause of death, because

“It appears probable that death results in some cases from suffocation caused by the spasmodic action of the muscles of respiration, independently of any accidental interruption to the entrance of air by the presence of foreign bodies over the mouth or nose.”

The Visitors of the *Warwickshire County Asylum* have not published a report. The report they presented at the Epiphany Quarter Sessions was one of thirteen lines: an obedience to the letter, but surely an undeniable neglect of the spirit of the statute. They are the only Asylum Visitors in England who omit to publish a report. In doing so, they can have but narrow views of the interests of the insane, and of their relation thereto. Asylum reports are certainly not all that they might be, but it cannot be doubted that their publication tends greatly to increase and to spread the knowledge of insanity; and that, moreover, they have been an important means of acquiring and retaining the confidence of the public in the management of these institutions. Do the Visitors of the *Warwickshire Asylum* consider that they occupy any peculiar position in relation to the public, that they decline to give the customary account of their stewardship?

REPORTS OF SCOTCH ASYLUMS.

The report of the *Royal Lunatic Asylum, Aberdeen*, is, on this occasion more brief than usual, and comprises only a period of nine months; the object being to bring the asylum year into conformity with the year of the New Lunacy Act for Scotland. This asylum was opened nearly sixty years ago, and was found by the late Commission of Enquiry in a very efficient state. The results of the operation of the institution from its commencement to the present time, when it may be said to enter into a new phase of its history, are briefly given by Dr. Jamieson in the following paragraph.

"It may be shortly stated, that the number of cases, inclusive of re-admissions recorded in the books during the past years of the hospital's history, has been 2628; and that of these, 511 have terminated fatally, the great majority of them however, after a lengthened residence, and from decay of natural force rather than from unsubdued malignity of cerebral disorder. The number of cases that have been dismissed recovered or relieved, after treatment more or less prolonged in duration, has been 1823, the recovered being in the proportion of 45 in the 100 admissions."

The report of the *Crichton Royal Institution* for lunatics at Dumfries, bears date 11th December, 1857, and is remarkable, as the eighteenth and last annual report of the late Superintendent of the asylum, Dr. Browne, now so worthily occupying the post of Commissioner in Lunacy for Scotland. Dr. Browne's reports have ever been characterised by originality, and by the views at once practical and profound, which

their author has developed on a subject on which he has as thoroughly made himself a master, as it is given to any one to be in a department of human knowledge so wide, so intricate, so fluctuating, and we may add, so extending. The great services which Dr. Browne has rendered to the cause of the insane are so well known, that it would be merely false delicacy in him to appear unconscious of their extent. In undertaking the different, but not more important, duties which the government of the country has now intrusted to him, he takes a grateful farewell of the well-loved arena where his labours have been as incessant as successful.

“To those who have read the previous reports of this institution, and received them as the reflection of the progress of a peculiar community which accompanied, and in some respects anticipated, the march of improvement, and of the opinions of an earnest man who had lived for a quarter of a century with the insane; who had loved them, and been loved by them; who expected, and was willing, to devote his whole life and mind to develop new or apply improved means of amelioration; and who, conscious of his own deficiency and of the inadequacy of the remedial agents at his disposal, panted after farther observation and greater enlightenment; it may not appear extraordinary that the production of the last of the series should prove a difficult and painful duty. Such a composition must prove a record of unfinished labours, of inchoate projects, of views and convictions which must either be committed to the execution of others, or pass away abortive and forgotten. But it must further contain the announcement of the disruption of ties, and associations, and habits which have been the growth of a generation, and the cessation of a connexion which has been characterised, during its long continuance, by harmony, confidence, and friendship, and which has had, on both sides, the single and unselfish purpose of carrying healing and happiness to the sorrowing and suffering, of restoring useful members to society, and of protecting from themselves, and from evils which they can neither foresee nor avoid, the waifs and strays, the weak and wayward of our race. These documents show how gradually, perhaps how timidly, but how certainly, has been the growth of that principle of philanthropy which suggested the foundation of this institution; how its base has been widened; how its applications have multiplied; how fear was cast out by love; how what was attempted as an experiment, was recognised as a discovery; how doubtful innovations became familiar usages; how moral treatment assumed a form, meaning, and importance; and how the whole subject of insanity, its treatment, its bearings upon society and the destinies of our race, ceased to be regarded and shunned with horror and repugnance, and took place and equality with the great questions which appeal to the heart of nations as well as of individuals.”

Dr. Browne refers to the only clause in the Scotch Commission report, in which fault was found with the Crichton Institution, namely, to the crowded state of the pauper wards. He admits the fact, palliating it with the observation, “that the physical and moral evils, created by the crowded state of a moral hospital, are infinitely less than the miseries and misfortunes which follow refusal of admission.” He fully appreciates the evils of a vast assemblage of incurables in one building, by which the careful investigation and treatment of

individual cases pass beyond the capacity of the medical officers, and the patients are treated in groups and classes. The remedy for these evils is anxiously expected, but not yet, certainly, seen. The objection to the multiplication of smaller establishments is stated to be that of expense; in England, however, the smaller county asylums have doubtless been more economical, both in point of original construction and of subsequent management, than the large ones.

The objections to the scheme of creating colonies for the insane, such as the one at Gheel, are well stated by Dr. Browne as follows.

"First, the incompatibility of such a plan with the general economy of villages or parishes in Britain, with the tenure of property, and with the habits of the people; secondly, the doubt whether the arrangement, if diet, clothing, and medical attendance was supplied, as in asylums, would prove remunerative; and thirdly, the certainty that hardship, cruelty, and neglect, would spring up, where the responsibility was so slight, the temptations to peculation and tyranny so many, and the chances of detection so few. An experiment of a somewhat similar kind in Arran terminated in failure. Even in asylums where the supervision is sleepless, where there are trained and respectable attendants, whose most selfish interests, as well as their character and ambition, are involved in the well-being, health, and love of their charges, violations of duty and humanity daily occur; and these derelictions are as frequent where the imbecile and gentle are concerned as the furious. Even the homes of the patients are converted into prisons and shambles, from positive callousness, or sordid selfishness. The hopes of philanthropists rest upon the combination of the cottage system with that of a central asylum, where the families of the attendants would represent the peasants, or where peasants would become tenant-servants within the grounds, under the rule and direction of the medical governor and his staff."

The condition of the mind in the cases which are said to be cured, is a subject not only of valuable comment, but has given rise to an effort on the part of this thoroughly-practical philanthropist to obviate the dangers and difficulties which attend dismissal from an asylum, (and which to many are the commencement of a new attack,) by the establishment of a sanatorium for convalescents, in which persons who have passed from a state of actual mental disease, but have not yet arrived at that stage of mental health and hardihood which will enable them to suffer unharmed the buffets of the world, may reside for a time under protection, but without restraint. We heartily wish success to this most interesting and benevolent experiment.

"It is not merely permissible to speak of summer colonies, but of a permanent offshoot which is connected with, but is not a part of, the parent community. An ample mansion, in a well-wooded park, emulating the aspect and luxuries of a gentleman's residence, is not merely a home for convalescents, it is the portal which, to the affluent classes at least, may lead to the world of health and activity, it is a connecting link between perfect liberty and complete seclusion; it may become a scene of probation for those who have, under discipline, proved themselves capable of self-control; and where those whose

temper and habits are incompatible with the harmony and happiness of friends, or families, or communities, may find rest or exercise, as may be prescribed, and where the capacity of the one class for greater privileges, and the justifiableness of greater restraint and stringency in the other, may be tested under the most favourable circumstances. Already have the utility and benevolence of such an expedient been demonstrated. Already is this hospitable home a resort of many of the inmates, where they approach the confines of the society from which they have been excluded, without passing beyond the influence of the discipline which is to them in place of will, and self-control, and responsibility, and where for a time they lose the consciousness of that isolation, which mental disease creates, amid scenes and pursuits, and associated with minds which have all the novelty and freshness of health and freedom."

On the nature of the recoveries Dr. Browne observes.

"The proportion of cases restored to society is encouraging. Forty patients have been discharged as recovered. But it is incumbent to confess, that the nature of what there is a disposition to describe as cures, is not satisfactory. The subversion of reason involves not only present incompetency, but a prospective susceptibility of disease, a proclivity to relapse; and it entails the suspicion and distrust, even of friends, as to the reality and stability of the improvement. Years are required to establish the confidence, both of the sufferer and of the circle in which he moves. The mind does not pass out of the ordeal unchanged. It is difficult to obliterate unhealthy impressions: it must be equally so to expel recollections which, although known to be false and hideous, were once acted upon, form part of the moral being, and may still be associated with what is real and true. Great tragedians have experienced difficulty in casting off, laying down their assumed character; and delusions, intense, enthusiastic, potent delusions, must, like dreams, influence, where they have ceased to rule. Recovery sometimes consists in the weakened power, rather than in the expulsion of such sources of action. It may be little more than the exercise of great cunning, or self-control, in concealing the signs of error and extravagance. The intellect that recovers its balance may not always recover its strength. The subsidence of violence, the relinquishment of objectionable habits, the manifestation of taste or talent, may be accepted as tests of health, and serenity recognised as sanity. There may be merely uniformity to established usage or to paramount opinion. Reason may even be re-established while delusions linger on its confines; or while retaining its vigour, it may be shorn of its acquisitions, its brilliancy, and accuracy."

On delusions, and other allied subjects, Dr. Browne comments with great originality and insight; but at such length that we are unable to quote his opinions in full, and are therefore obliged to pick out the nuggets. Mania, he says, appears to be an affection of the muscular system, as well as of the mind; enormous strength and a craving for active exertion being actually developed: this suggests to the mind the conviction of power and impeccability. Of eight individuals boasting of their omnipotence and purity, seven of them were maniacs and one was paralytic. Noctiloquism is often the result of these convictions, and rarely the suggestion of a perverse desire to disturb; loud noise is essential to the happiness of some lunatics, as garrulity is the characteristic of others; and to shout often appears to afford the maniac the same kind of relief as the display of muscular force. Noise principally occurs on

retiring to rest and early in the morning; the quietude of the wards of an asylum from twelve o'clock until four or five is certainly remarkable. Dr. Browne thinks that it is most desirable that the night life of noisy patients should be shorter and less solitary; he thinks, moreover, that many of the sound which disturb the wards of an asylum during the night are uttered during sleep, or in that state of imperfect consciousness in which so many of the insane pass the night, and which may be described as delirium in sleep. "To give opiates in such cases, and where there is no cerebral irritation, is to prescribe for the benefit of the community, and not in order to obtain rest to the recipient." We are not convinced of the truth of this latter observation, since it appears that a quiet sleep without delirium would also tend to the well-being of the individual patient, if it could safely be procured by the use of narcotics. Dr. Browne's comments upon the use and abuse of seclusion are most valuable, and we heartily wish that his opinions upon this subject could be strongly impressed upon some members of the English Board of Lunacy, who appear to regard this means of treatment solely from the punitive, and not at all from the remedial point of view; as cousin german to mechanical restraint, and a bad substitute for personal care not as an important means of husbanding nerve-power, soothing irritation, and allaying distress. Doubtless these gentlemen have seen much of seclusion in its worst aspect, that of "darkness, solitude, desertion, and unrestrained indulgence in extravagant or gross instincts:" doubtless they have felt that it was easier to abolish the employment of means so liable to abuse, than to direct its skilful and humane employment. But it would also be easier to shut up asylums than to superintend them; and the conclusion forces itself upon us that the antipathy of the Commissioners in Lunacy to the use of seclusion arises, in great measure, from the feeling of their inability to prevent its abuse.

"Circumstances have directed much attention to seclusion as a mode of ruling or regulating the noisy, or turbulent, or disobedient inmates of an asylum. It has been denounced as a substitute for physical restraint. It has been extolled as a cure for violent passions and an obdurate will. To some it suggests the idea of darkness, solitude, desertion, and unrestrained indulgence in extravagant or gross instincts. To others is presented the picture of a well-ventilated room, without furniture, partially lighted, but removed from all sources of irritation and excitement, where self-examination and self control are encouraged to resume their dominion. It may be dispensed with; but it may be applied wisely, humanely, and curatively. It is resorted to not solely to quench and quell insubordination, as is supposed, but from various motives, and for various objects. In this establishment seclusion in padded or strong rooms has become very rare; while detention in a bed-room may be said to be frequent. This may be voluntary. A powerful maniac, who is carried to bed, remains there

for weeks, and would remain longer, defying imaginary foes, or conferring imaginary titles upon imaginary friends. Patients require to be forced from their apartments. Seclusion may be punitive; inflicted for acts of immorality, or for violence or mere defiance of discipline, which come within the scope of the offender's sense of responsibility, where he knows the nature of the act and the consequence, and is able to resist the temptation to commit it. Seclusion may be protective, adopted where blind fury exposes the individual and all around to danger. Seclusion may be remedial, prescribed where the bodily condition requires rest, or where it may be necessary to repress pride, to curb anger, or to inspire that respect for order and tranquility which is the basis of all sanity and serenity of mind. When any record of the employment of this agent is made, it is indispensable that such distinctions should be noted at once as a check upon its indiscriminate application, and as a ground for philosophic inquiry."

Dr. Browne remarks that there are fewer impersonations of the Deity, and of persons pretending to inspiration, now than formerly; a circumstance which he attributes to the character of the religious element in the present day, which assumes the aspect of a philosophy rather than that of a worship, and leads the devout mind to dwell rather upon a dogma than with the persons of the heavenly hierarchy. He questions whether belief in the direct communication with the unseen world is consistent with health, and decides that the line of demarcation between credulity and insanity on this point is not the nature of the apparition, but the strength or weakness of the understanding of the ghost seer. "Men may see who do not believe, may believe who do not see, or may see and believe." We are not inclined to concede that even the latter category includes insane persons only. Delusions taking the form of divine wrath appear to have a strangely powerful effect upon the physical organization. Nine such cases had been under treatment at the Crichton Asylum during the year; they were all pale, dejected, enfeebled, incapable of exertion, and fatigued by any effort. The exquisite suffering endured led to the desire for oblivion and annihilation; the desire, yet dread of death. All these nine patients became convalescent. Melancholia is compatible with long life, and although the frame may present no trace of decay, the intensity of the mental anguish is marked by the tendency of this form of disease to lapse into dementia.

The professional men in Scotland engaged in the treatment of the insane, are fortunate that the Government has placed the administration of the lunacy law in the hands of a man whose profound knowledge of mental disease will enable him to recognise the nature of the false accusations so constantly preferred against their guardians. We have known the greatest injustice committed in this country from the want of similar knowledge.

"There is a large number of the insane who, although they do not conceive themselves so distinguished as to be the objects of a plot, are deeply impressed with the conviction that they are subjected to oppression and persecution. These form the malcontents of asylums. They have been treated unkindly and ungenerously by friends, parents, protectors; they are now denied the kindness and indulgence granted to others; they create and cling to a grievance, and attribute even their malady to the machinations or ignorance of those engaged in treating and tranquilising their sorrows."

"The belief that they have been exposed to external violence and aggression is often suggested by unhealthy conditions of the muscular sense. It is worthy of remark that such delusions are frequent among epileptics."

"Blows are often inflicted by the insane upon themselves, and attributed to those around, or, where double consciousness exists, to the second person in the duality."

Dr. Browne mentions the peculiar fact, doubtless often observed, but which we do not remember to have seen commented upon, that in impending paralysis or dementia the patient is often fully conscious of the confusion of thought over which he yet has no control. He can see the ruins of his own mind. This state may be temporary or permanent, the precursor of great mental changes, or the lasting form of the disease. It is often associated with a disposition to wander, and with erroneous impressions as to place. The degraded habits of the insane are described without retention, in the belief that "it is right that the real difficulties of the management of large bodies of the insane should be disclosed; that it is salutary that the involuntary debasement, the animalism, the horrors, which so many voluntary acts tend to, should be laid bare." Dr. Browne thinks the most promising remedial measures for this class of difficulties are, "the use of exercise and occupation during the day, and of associated dormitories where there is incessant supervision in the place of solitary rooms." Such measures may be useful to prevent the formation of such habits, and also to break them in the majority of cases; but for a small number they are not feasible, namely, in those cases in which degraded habits are associated with dangerous propensities and maniacal violence. An associated dormitory is doubtless the best sleeping place for a wet and dirty idiot, but what can be done in such a place with a maniac equally violent, destructive, and dirty?

The subject of infantile insanity receives passing elucidation. Dr. Browne not only gives reasons for his belief in the existence of what Mr. Kitching has called moral idiocy, but for the existence of delusional insanity, developed at an early period of life; the history of many patients leading to the belief that the ground-work of subsequent disease was laid in infancy, and pointing to the importance of early training, not

only on the formation of character, but as building up barriers against the entrance of disease.

"The privation of intellect is known to be congenital, and the vacant stare, the absence of instinctive affection, disclose the truth; but that delusion or derangement should grow with growth, and be contemporaneous with the very development of the powers, was for ages a problem willingly left undetermined. It is highly probable that the passion, peevishness, obduracy, mischievous propensities of infants and children, which are attributed to perversity of disposition, are allied to derangement, and that perversity of disposition is itself a disease. The falsehoods, the disingenuousness, the thefts, which even St. Augustine is said to have perpetrated, the murders by children, may own their origin to the same cause. Such morbid tendencies may be cured during and by education, or they may be overlaid and concealed by the evolution of intelligence, by the acquisitions and the habits imparted. But these early aberrations may likewise be the germ of conditions which constitute the frame-work of the mind, and assume the awful importance of disease only when the test of adversity or age is applied."

The moral treatment of the inmates of the Crichton Asylum is very zealously promoted by amusements, occupation, and systematic instruction. The summary of instruction and amusement gives, during the year, twenty-six lectures, twenty dramatic representations, thirty-four concerts, twenty-four festivities and balls, sixty-three excursions. Every evening has its appropriate occupation, the programme of which is given, and includes instruction in Latin, German, French, mathematics, and drawing; musical practice, mechanics' institute, lectures, theatre, &c., &c. We are truly glad to observe that Dr. Browne estimates these efforts to relieve the monotony of asylum life to the educated class at their true value. The classes were not all numerously attended; the studies were purposely made elementary, the object being to stimulate intellectual activity where it was inert and dormant; they were also objective that they might arrest attention without exciting emotion. They were also used "as a provision to lessen that profitless straining after great results, that intense activity [intellectual] which are symptoms of disease." In this sentence we recognize a caution against the mischief and danger which may arise from injudiciously stimulating the intellect in those forms of mental disease in which the intellect is already too excitable, if not too active. There certainly are many cases, we had almost said a majority of cases in which intellectual repose is one of the primary objects of treatment; and we certainly have an instinctive feeling, that should we ever need mental treatment the asylum of our choice would be the one most like the Castle of Indolence, and least like to a small walled-in section of the emulating, envious, world of modern go-a-head civilization. Dr. Browne acknowledges that these measures of moral treatment have been made the subjects of ostentatious

display, and that as unaided means of treatment their value is limited.

"The tendency of the age is toward infidelity in the omnipotence of medicine, and this may have directed an undue attention to moral means in the treatment of alienation, and other causes may have led to an ostentatious display of what may, legitimately, be designated triumphs over its most repulsive concomitants, if not over itself; but where such provisions are contemporaneous with physical treatment, where they form a part only of the system pursued, and where they are converted into the means by which such treatment is rendered practicable, acceptable, or less repulsive, they merit the encomiums which have been bestowed upon them,"

Occupation, strictly so called in contradistinction to recreation, is not neglected: from fifty to sixty men being constantly employed on the grounds, and the work of artizans being duly attended to. In one of his graphic sentences Dr. Browne hits on the plain common-sense of this much-mooted question of lunatic labour.

"The only limitations to the occupation of the insane are imperfect classification, and insufficient attendance. Infirmary, imbecility, paroxysms of acute mania, or certain forms of chronic alienation, may incapacitate; but *all patients might be employed, were it prudent to use as a universal remedy what is obviously adapted for certain cases only.*"

Dr. Browne's most instructive report concludes with a generous encomium on his successor, Dr. Gilchrist, a former officer of the institution and pupil of the school; familiar with the patients and animated with the humane and enthusiastic spirit of the teacher with whom he has learnt and laboured, and who resigns his own duties "more as a personal sacrifice than a public act," and with an earnest desire that that may occur which is not very likely to occur, namely, that "more gifted instruments may arise to carry out the designs of providence."

The report of the *Royal Edinburgh Asylum* for 1857 states, that during the year the large number of 308 patients had been admitted, owing to the opening of the new wards; and that notwithstanding this large influx, applications for the admission of more than fifty patients had been refused for want of room. Dr. Skae has some interesting remarks on the causes of insanity in the patients admitted, shewing the influence of current events thereon. Six of the patients had been engaged in the Russian war; two arose from the trial of Miss Madeline Smith, one from over-fatigue during the proceeding, and one from excitement occasioned by reading the reports of the trial. One of the patients admitted "was a total abstainer and a vegetarian; but even the simple habits of his adopted creed did not save him from an attack of melancholia." Did they not rather contribute to its causation?

In one of the patients suicide had been evidently suggested by the example of poor Hugh Miller.

"One of the cases was a foreigner, who had for some weeks been overworking himself during the day, and writing nightly till an early hour in the morning, until he lost sleep, and strength, and spirits, and ultimately on the day of the late lamented Hugh Miller's funeral, after talking to some friends about his untimely end, he went out and shot himself. He fortunately recovered both from the effects of the wound and from the mental distraction which occasioned it. This incident illustrates the effect of similar causes operating in producing the same result, and the sympathy which leads individuals, under predisposing circumstances, to imitate acts of this kind, which have become the subject of general interest and reflection."

The decrease in the number of cases attributed to intemperance is interesting, and suggests the question whether this cause is not often too readily assigned for want of a better knowledge of the class of events which have induced intemperance as a precursor or concomitant of incipient insanity, rather than as an actual cause of the malady.

"The number of cases in which the cause of insanity was unknown is unusually great in Table VI., arising from the fact that many of the patients admitted were cases of old standing, whose history was imperfectly known or communicated. It would be unfair therefore to deduce any results from such a table as of positive value; but still it cannot escape observation, that intemperance, which in previous statistical returns of this kind, used to figure as the most frequent cause—being in some years the ascribed cause in 1-3rd, 1-4th, and more lately in 1-8th of the whole cases—was in the year 1856 only the assigned cause in 1-13th, and has been reduced during the past year to the cause in 1-18th only, or 5·5 per cent of the cases admitted. Even after deducting the cases in which the cause was not ascertained, this cause operated only in 7·5 per cent. of the cases, while in the previous year it was the cause in 15 per cent. of such cases. Whether the results indicate a diminished amount of intemperance in the community or not, it is certain that as a cause it has annually diminished in the records of the asylum during the last twelve years."

The whole number of patients admitted suffering from moral insanity had recovered, "but of these cases it must be remarked that the larger number relapse, if indeed they have ever been completely cured." Most of them rank under the class of dipsomanias; and feeling quite well without the stimulus of drink, they flatter themselves that they can indulge in moderation like other people: a fatal fallacy, under which the morbid appetite is regenerated, and they are either brought back to the asylum, or they die of delirium tremens, or they commit suicide.

The recreation and amusement of the patients are cared for in the Morningside Asylum, with the solicitude which is usual in Scotch asylums, and their industrial occupation, appears to be cultivated with more than common assiduity; an immense amount of work having been executed by the patients in connection with the wards and airing courts:

the wards they have papered and painted throughout, and the manufacture of furniture and clothing is carried on with activity.

Report of the *Dundee Royal Asylum*. This institution, which is, in fact, an offshoot from the Royal Infirmary, was established in 1812 by public contribution. Its purpose, as inscribed on the foundation stone, being "To restore the use of reason, to alleviate suffering, and lessen peril where reason cannot be restored." An object sufficiently diverse, as Dr. Wingett well observes, from any attempt to "discover the minimum expenditure with which poverty-stricken disease can be encountered."

The report of the Visitors contains the copy of a report by Dr. Coxe, one of the Scotch Commissioners in Lunacy, drawn up much in the same fashion as that in use by the Visiting Commissioners in England. We observe, however, that Dr. Coxe examined the authority on which all the patients were admitted, and that he found in thirteen of these admissions that the legal authority was defective.

Dr. Coxe's report on the *Dundee Asylum* is most laudatory, and in the solitary criticism which he gives, a just and important principle in the treatment of mental disease is involved, namely, that the overcrowding of an asylum leads to undue excitement of the patients.

"If any criticism were made where there is so much to be commended, it would be to the effect that the house is overcrowded, which leads, perhaps, to there being a larger number of destructive cases than there would be were the sources of excitement more diffused. A remedy to a certain extent is being provided on the female side by the erection of a new day-room which will very much tend to diminish excitement."

Dr. Wingett insists upon the great importance of an asylum in the sense of the latter part of the motto on the foundation stone, namely, "to alleviate suffering and lessen peril where reason cannot be restored." His observations are worthy of all attention at a time when efforts are being made in various quarters to establish a broad line of distinction between the so-called chronic and curable cases of lunacy. He says justly and well.

"The eccentric manners and ideas of the apparently harmless insane while intrusted with liberty entail upon them so many rebuffs, annoyances and insults from their sane associates that liberty becomes a curse, and residence in an asylum the only condition upon which life can be enjoyed. Out of the bosom of his own family an insane person meets with no toleration, no forbearance; and immediately that he mingles in the throng of ordinary life the spirit of antagonism mars his happiness, and he finds himself shunned, and laughed at, or suspected. Thus it is that no man is justified in saying that any one affected with mental disease is harmless if there be sufficient intellect remaining to

make him cognisant of what the world thinks and says of him. The ulcer of his brain may inflame at any moment under this irritation : and mischiefs may result which, with our present experience, must bring upon us a charge of culpable negligence if we fail to foresee and provide against them."

In the report of the *Glasgow Royal Asylum* for lunatics Dr. Mackintosh refers to the fact that intemperance is one of the leading causes of insanity of the patients admitted, and laments the want of some legal provision by which this class of cases may be kept under control for a length of time, sufficient to irradicate the habit. The question suggests itself, what duration of control would have this effect ? The report contains brief records of many interesting cases, from which the following is selected as important in its bearing upon the question of the influence of bodily diseases, so called, upon insanity.

"There were several cases of considerable interest among the cures, some of which will be referred to under the head of "treatment ;" but two may be here stated. One was that of a lady who had been a dreadful martyr to asthma for about twenty years. Suddenly the respiration became and continued free, and she was beginning to congratulate herself upon her prolonged immunity from the disease, when symptoms of mental derangement became apparent, and she soon was acutely maniacal, and continued so for about five months. After a variety of treatment, indications of recovery became evident, but at the same time, her asthmatic disorder gradually returned, and just as the mental affection subsided, so did her old complaint regain its former intensity."

Dr. Mackintosh reports the cure of two epileptic patients by the use of bromide of potassium, in four grain doses, given twice daily. In other cases it had been given without any beneficial effect.

In the report on the *Montrose Royal Lunatic Asylum*, Dr. Howden complains of the practice so frequently resorted to of bringing patients to an asylum under false pretences, thus generating feelings of distrust, indignation, and revenge. He believes that by far the greater number of patients would follow the advice of a judicious medical attendant, if backed by friends, and by a sufficient number of attendants. Should great resistance be made, he thinks it would be better to use mechanical restraint than deceit. Two cases of general paralysis are reported, in which the patients were arrested for shoplifting before they were admitted into the asylum. The propensity to theft is a common symptom in the early periods of this disease ; five of the seven cases admitted had long been of irregular or intemperate habits. What is the real influence of an irregular life in the production of this form of insanity ?

The report of James Murray's Royal Asylum for Lunatics, near Perth.—In Dr. Lindsay's able and elaborate report,

many questions of pathological interest are mooted. He takes objection to the term of General Paralysis on the ground that ordinary and spinal paralysis is sometimes as general as this form of disease, and that, moreover, the disease called general paralysis, is not general, but partial in extent, in its most characteristic stage. We quite agree with Dr. Lindsay on this point, and think that the term given to the affection by Calmeil, who first accurately observed it, namely, "Paralysis of the Insane," is in every respect preferable to the term now in common use amongst us. Dr. Lindsay reports a few cases of diarrhoea, which assumed a distinctly choleroïd type, and which although constituting what is popularly called British cholera, he believes to have differed in no essential respect from Asiatic cholera. His dictum is, that as there may be two diseases not of the same nature, and not springing from the same cause, yet characterised by the same symptoms; so on the other hand, different causes are capable of generating the same disease. We are not prepared to admit that this dictum is exactly true in either of its two assertions; although it is, without doubt, apparently true. A disease consists not only of those symptoms which we are able to observe, but of those changes which we are not able to observe; and this view will lead us to the belief that two diseases, which are not of the same nature, are never attended by exactly the same manifestations, if we could only see them; and that two causes of disease of essentially distinct nature, must necessarily produce consequences differing from each other, in some of the stages, at least, of the chain of causation.

Dr. Lindsay has some good remarks on the peculiarities of bodily disease in the insane, and the reciprocal modifications produced by bodily and mental disease. The masking of bodily disease by insanity, is a well-known fact; but that insanity itself may be changed in its type by the supervention of bodily disease, is a fact no less true, although not so well known.

Dr. Lindsay has recorded some minute and careful measurements of the cranium in the insane, and of its relation to the stature and to sex. His summary and conclusions are as follows.

"The greatest number of men measured from 5 feet 6 inches to 5 feet 10 inches in height; and of women from 5 feet 2 inches to 5 feet 5 inches. The average height of males was 5 feet 7 inches, and of females 5 feet 2 inches. The difference between the sexes as to height of body and size of head, is of considerable interest. On the whole the stature of the women is only 5 inches less than that of the men; their heads are also less in all dimensions. This

points to a smaller cerebral development in the female than in the male. The average circumference of head in males was 23·90, in females, 21·74; the average antero-posterior measurement in males, 13·27, in females, 12·54; the lateral measurement 13·58 in males, and 12·89 in females; the average distance from the nick of the nose to the nape of the neck across the side of the head and cheek was 11·42 in males, and 10·65 in females; and the average distance from ear to ear across the face by the hollow of the chin was 12·53 in males, and 11·71 in females. The difference between the sexes as to circumference was therefore 2·16 inches; anteroposterior measurement of arc of cranium ·73; lateral measurement ·69; side of face ·87; and front of face ·82. The difference was, therefore, greatest as to the circumference of the head—2·16 inches; and least in regard to lateral measurement or ·69.”

CONCLUSIONS.—“1. That the size of the skull in the insane (excluding the class of Idiots) does not materially differ from its size in the sane.

2. That no relation can be traced, in the generality of cases, between the size or form of the skull and the different types or phases of insanity.

3. That though peculiarities of conformation of the skull certainly frequently exist, they do not bear any fixed relation to the types or phases of insanity.

4. That similar conformational peculiarities are probably equally common, or nearly so, in the sane.

5. That in a large proportion of cases the cranial development is decidedly good, and the conformation of the head apparently normal and regular.

6. That the size and form of the head are therefore *per se* fallacious criteria in the differential diagnosis of insanity.

It would be very interesting to compare these careful measurements of the insane cranium with an extended series of similar measurements made upon sane persons of the population from whence the patients are drawn. Dr. Lindsay refers to peculiarities in conformation in the insane cranium, especially to the conoid and the carinated skull; and also to an unsymmetrical development of the two sides, in which one side is flatter and smaller than the other. We have had our own attention forcibly drawn to the very frequent want of symmetry in the two sides of the cranium in insane persons. It is not often that one side appears smaller than the other; but the shape differs, the protuberances on one side not presenting, by any means, an exact counterpart of those upon the other. This want of symmetry is scarcely such as can be shown to exist by measurement in the shaven scalp, although it is obvious enough to the eye. It is important to ascertain whether this want of cranial symmetry is as frequent among the sane as among the insane; but as sane people don't shave their heads in this country, the point is not one which can be easily determined. Our frequent practice of shaving the heads of the insane has demonstrated to us another form of deformity, namely, a want of parallelism between the two sides of the cranium; as if one side had been pushed slightly forward or back.

In the Perth Asylum intemperance figures low as a cause

of insanity, only ten per cent. of the total number of admissions during thirty-one years being attributed to this cause.

Dr. Lindsay has some judicious remarks on the indiscriminating manner in which this cause is assigned.

"It is almost impossible to ascertain in how many cases it is really the cause, or a cause, and not the effect or an effect. For instance, intemperance is frequently associated with disappointments in business, grief, and despair, and other depressing emotions; and it seems pretty certain that, in many of such cases, at least, intemperance and insanity are produced by the same moral causes—the intemperance exaggerating the insanity, or the insanity the intemperance. We fear that there is a great tendency in certain sections of society to exaggerate the importance of intemperance as a cause of insanity, in order to illustrate more powerfully their own peculiar views. There is no necessity for this; the relations of intemperance to insanity are sufficiently apparent, and illustrations of the evils to which it thus leads are sufficiently numerous to render exaggeration unnecessary and even mischievous. It may be necessary to enter a caveat against a popular error, viz., that all cases of insanity from drink are cases of *Dipsomania*. This term is liable to be abused and misunderstood. Cases of insanity traceable mediately or immediately to drink—to intemperance—are comparatively common in all asylums; but cases of *Dipsomania* proper are much less so. The term is properly applicable only when the disease takes the form of incessant and uncontrollable appetite for stimulants, an appetite which no consideration, moral or intellectual, personal or public, can enable the infatuated victim to control or keep under.

Dr. Lindsay complains of the injurious effects upon patients of the legal formalities which take the place in inquisitions of lunacy in Scotland, and which are termed "petitions curatory." The form appears simple enough compared with the English form, which so closely resembles a trial. The Lord Ordinary of the Court of Session grants warrants for serving these petitions upon the patient, by means of a messenger in the presence of a witness, requiring the patient to lodge answers to the proposed appointment of a *curator bonis*, if so advised, within eight days; the intention being to allow a person believing himself to be improperly detained, the opportunity of defending himself on the plea of sanity or wrongous detention; or if properly detained, of nominating his own curator, or opposing an objectionable one. Dr. Lindsay objects to this system on account of the great irritation which it occasions to the patient. We are afraid, however, that no legal form can be devised which will provide for the necessary access of legal officials to the patient, with the necessary explanations of the position in which he is placed, which will not, in many cases, produce injurious excitement. It appears an unavoidable evil.

How is it that all the public lunatic asylums in Scotland are called *Royal* asylums?

REPORT OF THE IRISH ASYLUMS.

Report of the *Belfast District Hospital for the Insane Poor*. Dr. Stewart reports the asylum entirely free from inmates of the criminal class, and trusts that this freedom from such "exceptional inmates will remain intact." There is a difficulty, however; for although the act is explicit that all such patients shall be sent to Dundrum Asylum, the relatives of lunatics have discovered "that the most certain and least difficult way to gain admittance into the asylum is through the County Gaol;" and thus the asylum for criminal lunatics is likely to be filled up with lunatics who are only criminal through the bad manœuvres of their friends. This difficulty will undoubtedly arise in England when the State Asylum is completed. The great majority of criminal lunatics in English county asylums differ in no other respect from the ordinary run of pauper lunatics than in the accident of their form of admission; the fact of their insanity has been discovered subsequently to some trifling offence against the laws. They however include a number of men of desperate and criminal character. It is a question of classification, and there is only one rational solution, *i.e.*, to classify not according to the forms of admission, but to the antecedents of the patient; to classify not according to what men have been, but according to what they are. A murderous assault committed by an insane man when he is at large is liable to constitute him a criminal lunatic; shall an assault of the same kind, committed when he is in the asylum, not have the same result? This principle we pointed out some years ago, in a pamphlet on the *Classification and Management of Lunatics of Criminal Dispositions*.

The *Belfast Asylum* is overcrowded, and the question of the enlargement or the establishment of a new district asylum is under discussion. We think that Dr. Stewart fixes the useful size of asylums too low.

"Establishments for the treatment of the insane should not, according to the repeatedly and unanimously expressed views of the best and most experienced authorities, exceed 250 (under the one roof), that number being considered the largest which can be treated efficiently, and have fair justice done to all parties—inmates and officers."

The number above mentioned may be quite large enough for an asylum containing recent cases principally, but for the kind of patients found in all pauper asylums, we should certainly say that from 500 to 600 inmates is a more

reasonable maximum. This number can be held well in hand by a single staff of efficient officers; and with good buildings and a sufficient area of land, we can see no reason for thinking such an asylum too large for the purposes of treatment; while, for those of economy, it is obviously advantageous. The patients in the Belfast asylum comprise as large a proportion of the chronic element as the inmates of the English county asylums; and the conclusion is, that the numbers which in many instances are well managed in this country, will not be found too large for Ireland. When a double staff becomes needful, complications of discipline are introduced, and neither economy nor management are so satisfactory.

"Fully two-thirds of the patients in the house are of the so-called incurable class—a class, however, requiring, for the most part, as much constant care and supervision as any other. And it is only proper to observe, and a point, too, strongly to be dwelt upon and maturely weighed, that, though this term "incurable" holds good so far as regards its subjects being never again fitted to take their place in the busy world, yet the greater proportion of them is comparatively sane (and, to the casual observer would appear entirely so), whilst under regular and systematic treatment and supervision, and capable of both enjoying and appreciating the means used for their care and benefit."

The report of the *District Lunatic Asylum at Ballinasloe* is written by Dr. Dillon, the Visiting Physician, this asylum not being provided with a resident physician. We have no doubt that Dr. Dillon's zeal and ability supply, as far as possible, the deficiency of a resident medical officer; but his own report contains evidence of the great evils likely to result from such a state of affairs, for it is as impossible that convalescent patients should be *overlooked* by a resident medical officer, as it is likely that such a lamentable neglect should occur under the sole supervision of a non-medical manager.

"The numbers discharged recovered during the year have far exceeded the average of previous years, as shown by table 3. As I do not desire to claim any superior knowledge in the treatment of lunacy, I think it right to offer some explanations of the above fact. In the first place I found on taking charge in January last, some cases nearly convalescent, others quite so that had been *overlooked*, and a few who had been inmates of the house from a year upwards, whose sanity appeared of sufficient duration to warrant the trial of removal to their homes; whilst watchful attention and prompt measures produced favourable results in very many cases admitted during the year."

Dr. Dillon himself, well points out the immense importance of having a responsible head to every asylum having undivided authority.

"I have already directed your attention to the necessity of having steady, intelligent, and well-tempered keepers: without such aid the efforts of superior officers must be unavailing. Notwithstanding the changes that have taken place during the year, I regret to say that in this department your asylum is far from being perfect; at the same time much has been done to enforce some

discipline and correct harsh treatment. In so peculiar an institution as a lunatic asylum the powers of the resident manager should be extensive; by him and through him all things should be directed; and for an impartial, humane, and just exercise of the powers vested in him, he should be held strictly responsible. In every public department with which I am acquainted, but one head or ruler is sanctioned; and where independent action on the part of other officers is permitted to exist, harmony and efficiency can no where be found, for, as the legitimate powers of the head officer are curtailed, so will his usefulness be impaired."

It is, however, evident from the report, that these powers are, at the Ballinasloe Asylum, vested not in the resident manager, but in the non-resident physician, who reports upon the rules he has made to prevent the imposition of mechanical restraint at the pleasure of the keepers, the reduction by fifty per cent. of wine and porter in the extra diet, the reduction of the number of female attendants by six, and other changes, which lead to the conclusion that this asylum has been much in need of strong and able superintendence.

Dr. Dillon reports a singular case of attempted suicide.

"A woman, who, for self-destruction, swallowed a piece of glass bottle of the size of nearly half-a-crown. It was detected low down in the gullet, and with some difficulty extracted. No unfavourable symptoms followed extraction.

We have this year lost a patient from a like cause. He swallowed a piece of window-glass, which stuck in the œsophagus opposite the third rib, and could not be extracted. Having bad health from empyema, he died, after efforts made to remove the glass, which had probably been swallowed without any suicidal intent. On post mortem examination it was found that the glass could not possibly have been extracted owing to its shape, which made its corners enter the sides of the esophagus like the flukes of an anchor, when the probang, after being passed on one side of it, was pulled upwards. Had the patient lived, the only possible means of relief would have been to have broken the glass down by means of some instrument made on the principle of a lithotrite.

The report of the *Londonderry District Lunatic Asylum* records a case of suicide by the patient "succeeding in strangling himself with the strings of a straight waistcoat." This is the third instance which has come to our knowledge of suicide effected in this manner, and forcibly refutes the frequently expressed opinion that restraint ensures the safety of suicidal patients.

Dr. Rogan recommends that the asylum should be enlarged by the addition of a supplemental building, in the manner first adopted at the Devon County Asylum, "which style of

building," he says, "recommends itself to our purpose on the grounds of simplicity, convenience, and economy.

The report of the *Mullingar Asylum for the Insane Poor* contains, like other Irish reports, a strong protest against the system of sending lunatics to gaols before they are transmitted to the asylum.

"A practice which, if continued, will soon become—from an expedient, to be used only under the pressure of an emergency (as it was evidently intended by the Legislature)—the ordinary mode of admission, to the no small detriment of good order, and the manifest injury of the patients affected thereby."

Lunatics thus subjected to confinement to gaols become, "either from want of attention, or of proper means of treatment, the victims of neglect, acquiring filthy and demoralized habits."

"In confirmation of this opinion, it is worth while observing that the total number of recoveries of the 48 patients admitted in the ordinary way, during the year amount to 39, being at the rate of 81 per cent., while of the 27 admissions from gaols, the recoveries were only 11, or less than 41 per cent."

We learn from the report of Dr. Nugent that "in this asylum the non-restraint system is legitimately carried out;" and from that of Dr. Berkely, that

"The comfortable and well-fed appearance of the patients, and the ready willingness with which they obey the behests of the officers and attendants, establishes the fact, that one of the best agents in preserving discipline and good order, and increasing the chance of recovery, is a liberal dietary with cleanliness of person, while the additional expense involved thereby is more than counterbalanced by the benefits thus imparted."

REPORTS ON EAST INDIAN ASYLUMS.

We have the reports for 1856 and for 1857 of two lunatic asylums in the vicinity of Calcutta: the one at *Bowanipore* for *European Insane Patients*, the other at *Dullunda* for *Native Insane Patients*. The plans of these asylums indicate remarkable differences of construction from buildings of this kind at home. At *Bowanipore* the buildings are scattered widely over the ground; with one exception they are single storied and are composed of rows of single rooms opening into corridors. Each room has a window out of reach, with a door half panelled, half grated; a construction which is said to be preferable to solid doors with inspection plates, which would obstruct the free circulation of air, so essential to comfort in the sultry climate of Bengal. The verandas serve as mess and lounging rooms, and are lighted at night. The grounds are well laid out and are stocked from the

Botanic Gardens, and have a pleasing aspect of rural quiet; the boundary walls being kept carefully out of view by luxuriant creepers. The two-story building in the centre of the grounds differs in no wise from any other Indian suburban villa; the lower floor is occupied by patients, the upper by the officers of the asylum. Dr. Cantor, the Superintendent, professes to adopt the non-restraint system, though with some limitations and exceptions, arising partly from his views of treatment, and partly from the difficulties of his position.

"It will here be sufficient explicitly to state certain special exceptions to the rule, in which the application of mechanical restraint in the asylum at Bhowanipore is suffered, because in those exceptions no other alternative is left, at least for the present. In cases of secret vices, in which seton dorsi penis, vesicantia to the palms of the hands, and internal remedies have failed—and unfortunately they will fail—such vices are capable of eluding the strictest vigilance. In such cases, a pair of rigid fingerless gloves, joined together, are applied during bed-time, as the only effectual remedy, during the interval, till internal remedies allow the mechanical adjuvants to be discontinued. When during paroxysms of fury after the failure of soothing treatment, tonsure of the head, or application of vesicantia cannot be safely effected, the temporary application of a ticken strait-waistcoat has been found beneficial. The application of ordinary fracture splints may be found useful to protect some insanes against their propensity of inflicting sores on certain parts of the body. The preceding difficulties must at times arise in all asylums. How to meet them without having recourse to some humane contrivance for mechanical restraint, is a problem which, however, those philanthropists who have carried the non-restraint system to its greatest perfection, have left subjects of speculation."

Other difficulties arise from the inability to employ natives as attendants upon the European patients, in consequence of the strong race prejudices of the latter.

"In the treatment in India of European insanes, there exists a peculiar condition well deserving of notice. That is, the sense of humiliation or degradation which certain classes, soldiers and sailors in particular, are in the habit of attaching to coercion by the hands of native attendants. In asylums in India, restraint ought to be applied exclusively by European attendants. Where their services cannot be had, things supply the next best instrumentality, because they are likely to cause less resistance, and to leave no impression of humiliation, whereas, coercion by the hands of natives is almost certain of producing both effects. Something similar has been observed in Europe. Doctor Laycock has called attention to the fact, that mechanical appliances cause less excitement than physical force, and Doctor Noble holds the former means preferable to a struggle between patient and attendant."

"A remarkable illustration was offered by a field officer, distinguished no less by his services than by his gentlemanly qualities. His intellect had been affected while on leave in a distant colony, where he had been locked up in a gaol, and subjected to bodily restraint. On admission in the asylum at Bhowanipore, his expression was wild, and he was inclined to become violent. With an air of defiance he 'surrendered as a prisoner, to be dealt with according to pleasure. If he were not to consider himself as a prisoner, what else was he?' Why a patient, attention to whose comfort was the sole object of his temporary residence in the place. 'Should he not be locked up and coerced by natives?' Certainly not. His word not to escape was sufficient. After a successful course of treatment, this gentleman repeatedly dwelt with

satisfaction on our first interview. The appeal to his honor, he said, had effectually subdued him, the freedom from mechanical restraint, and of all things, from being coerced by natives, had made a deep impression upon him."

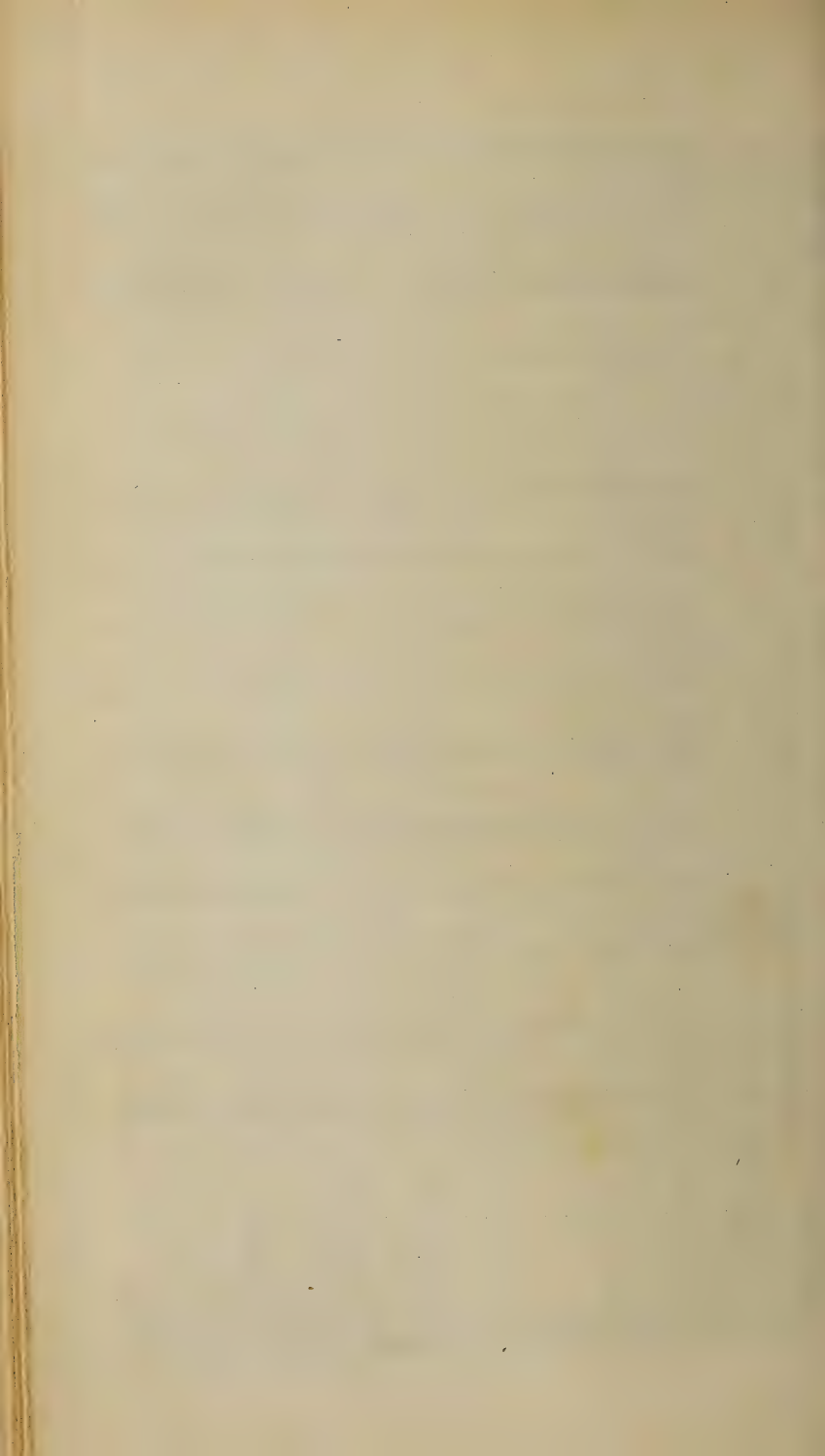
A singular psychological phenomenon this personal antipathy of the European race to the natives of India, sufficiently discouraging to the philanthropist and the missionary. It is the same in kind, though perhaps not in degree, with the extraordinary abhorrence which the free-state Americans shew towards their fellow-citizens of dark extraction. It is, perhaps, the most important fact in the social state of India, and appears to contradict any expectation that India for a long time at least can be held under European authority otherwise than as a conquered country, ruled by a dominant race.

Dr. Cantor's remarks upon the occupations and amusements of his European patients, are curiously illustrative of Indian life.

"Unfortunately, the principal remedial employments in asylums in Europe are inadmissible in Tropical India, where, during the greater portion of the year, the climate renders farming, gardening, and occupations in the kitchen, laundry or bake-house impracticable, if not absolutely injurious to Europeans. Mechanical skill is exceptional among gentlemen, and *intellectual occupation is contraindicated by a state of morbid excitement of the brain*. To European soldiers and sailors manual work is distasteful, although, if workshops were available, the experiment of prevailing upon such patients to resume their former trades, would be worth trying. With regard to country-born patients Doctor J. Macpherson has observed the habitual disdain in which, when well, they hold all mechanical employment, except their congenial one of copying and writing. Whenever practicable, these persons are set to copy, or else to save walls and paper, they are gratified with slates. The cool hours, morning and evening, are devoted to exercise in the garden. The time intervening between the meals, is filled up according to the condition and fancy of each patient. The quiet are admitted into the office, which is also made to serve as library and reading-room. For want of appropriate rooms, the in-door pastimes have hitherto been limited to books, periodicals, chess, draughts, backgammon, domino, kaleidoscopes, and in a few instances, to music. Hitherto the patients have exhibited a marked want of sociableness. Even among convalescents there is a striking dislike to conversation."

The words in italics in the above quotation deserve careful attention. The proposition is only true to a certain extent, but there can be no doubt that it contains an important caution. In some asylums at home, especially in some of the Scotch asylums, it appears, from the reports, to be the system to stimulate the intellectual powers of the patients to the utmost, by lectures and theatricals, and metaphysical and mathematical reading, and by literary composition. Possibly these intellectual gymnastics of the insane may be more imposing in the self-congratulating pages of a report, than in the unvarnished reality; and certainly intellectual occupation is not contraindicated in all the insane. It is a powerful agency, and like all other powerful agencies, may

Name of Asylum.	Numbers resident in January, 1857.		Admissions during 1857.		Total number under Treatment		Died.		Discharged cured.		Discharged uncurd.		Average Number Resident.		Numbers Resident in January, 1858.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ENGLISH.																
Bedfordshire	154	157	33	56	187	213	12	16	10	19	40	37	304	312	195	145
Birmigham, (Borough)	133	161	98	56	231	217	28	12	29	28	18	3	312	312	156	174
Bucks	80	115	52	36	132	151	16	6	29	15	2	12	200	200	96	118
Chester	128	158	55	48	183	206	21	14	23	24	6	4	290	133	164	135
Cornwall	121	118	50	45	171	163	16	7	14	18	6	4	251	134	135	135
Denbigh	86	101	45	40	131	141	6	9	16	22	7	5	197	102	105	105
Derby	134	137	46	33	180	170	19	7	21	27	7	3	268	134	137	137
Devon	232	288	71	83	303	371	23	18	35	34	2	7	544	243	312	312
Dorset	67	83	23	28	90	111	8	7	10	13	1	3	156	71	88	88
Essex	154	214	66	86	220	300	18	31	29	32	4	3	388	169	234	234
Gloucester	133	215	66	75	199	290	20	21	11	25	2	3	382	166	241	241
Hants	198	208	85	117	283	325	32	23	18	33	6	6	471	227	263	263
Kent	265	334	77	81	342	415	40	36	27	36	9	8	603	266	335	335
Lancaster—Lancaster	344	367	86	51	530	410	42	19	20	27	7	10	718	361	362	362
" Prestwich	251	254	76	92	327	346	37	31	30	44	12	14	506	248	257	257
" Rainhill	174	219	34	44	208	263	18	14	8	25	2	3	401	180	220	220
Leicester	141	163	58	58	199	221	17	18	19	33			314	156	162	162
Lincoln	132	142	42	38	174	180	15	10	10	7	12	3	273	141	150	150
Middlesex, Colney Hatch.	521	770	150	164	671	934	37	49	47	57	23	12	1298	524	770	770
" Hanwell	439	584	57	76	498	660	29	31	23	32	10	13	1016	434	584	584
Momouth	120	158	74	63	194	223	24	15	25	28	7	7	297	141	175	175
Norfolk	137	163	41	60	178	223	25	14	23	27	13	16	299	127	176	176
Nottingham	120	103	37	49	157	152	13	10	9	10	5	6	239	130	117	117
Nottingham and Berks	182	259	70	83	253	342	28	23	31	33	3	8	452	191	273	273
Salop	155	169	51	62	206	231	23	23	27	28	4	3	329	152	177	177
Somerset	167	191	93	74	260	265	25	22	38	34	18	27	345	178	180	180
Stafford	212	198	104	99	316	297	44	30	42	58	5	7	420	225	202	202
Suffolk	128	153	40	56	168	203	17	19	27	27	2	7	284	122	156	156
Surrey	407	515	142	88	549	603	62	22	42	38	19	18	936	426	525	525
Warwick	132	129	50	48	182	177	20	8	15	16	7	7	277	140	146	146
Worcester	116	135	74	56	190	191	10	19	18	11	3		273	157	161	161
Wilts	145	169	54	46	199	215	27	5	25	17	3	4	323	144	189	189
York, N. and E. Riding .	191	164	85	99	276	263	17	19	24	31	2		435	233	213	213
" W. Riding	368	416	156	157	524	573	73	46	60	70	11	9	827	380	448	448
Retreat (York)	44	68	6	7	50	75	2	3	2	4	1	1	111	45	67	67
SCOTCH.																
Aberdeen	144	148	35	49	179	197	5	16	24	26	8	3	299	142	152	152
Dundee Asylum	122	96	20	15	142	111	7	4	8	9	3	5	216	134	93	93
Edinburgh	283	267	178	130	461	397	33	23	49	61	32	21	594	347	292	292
Glasgow	229	191	143	139	377	330	21	14	52	59	62	29	447	242	228	228
Montrose	107	143	35	53	142	196	17	13	13	30	12	16	100	100	137	137
J. Murray's Asy. (Perth)	85	70	30	39	115	109	11	3	10	12	10	3	164	84	91	91
IRISH.																
Belfast	188	142	71	76	259	218	14	11	38	44	14	12	342	193	151	151
Galway, Mayo, &c. . . .	175	135	50	62	225	197	8	11	44	49	5	5	308	168	132	132
Londonderry	110	99	42	51	152	151	6	7	19	34	12	8	115	101	101	101
Mullingar	100	99	33	42	133	141	9	6	23	23	1	3	100	100	109	109



be directed in the treatment of the insane to good or bad, according to the moderation and judgment with which it is used.

Among the causes to which the insanity of the Europeans was attributed, intemperance ranks high, namely, 28·68 per cent. in 1856, and 18·18 per cent. in 1857. Religious enthusiasm also ranks very high, namely, 14 in 78. What one may call the influences of the country, namely, *coup de soleil*, fever, and cholera, afforded what appears but a small proportion of the causes, namely, 6 in 78.

Of the 13 deaths which occurred during the two years, 5 were due to diseases of the nervous system, 5 to epidemic diseases, 2 to old age, and 1 to caries. The report contains a carefully drawn obituary, with a full description of the post-mortem appearances.

The number of cures in 1856 was 17 out of 54 admissions, and in 1857 it was 9 out of 33 admissions.

The asylum at *Dullunda*, for native patients, is arranged so as to classify the patients according to creeds; 383 being Hindoos and 131 being Musselmans. These gentlemen have separate wards, kitchens, store rooms, &c.; but the hospital is held to be neutral ground.

Dr. Cantor has developed a useful source of industrial employment for these patients, in the manufacture of jute ropes and mats; from which some little profit is derived in addition to the benefit it is of as a means of treatment. On the value of this employment Dr. Cantor observes,

“It is curious on such occasions to witness the force which habit will acquire even over Insanes. When protracted wet keeps them idle, many show symptoms of ennui. Habits are engendered by time, and in the present instance, they well deserve to be fostered.”

The rope-making is performed out of doors, and Dr. Cantor observes,

“What will pay or prove remunerative, need not be lost sight of,—but as a secondary consideration. If the labour be not perfectly voluntary, but be suffered to become compulsory, not only will the object in view be lost, but what was wholesome, becomes the very reverse. This is precisely the point of difference between the labour of Insanes and of Prisoners. Much more work might be done than the number of hands do at *Dullunda*, but then it could only be effected by compulsion.”

The number of admissions into *Dullunda* during the two years 1856 and 1857 was 423; the number of cures was 150, the mortality 190.

Our idea of the temperate Hindoo, who washes down his frugal meal of rice with draughts of the pure element from a gourd shell cup, is rather outraged, by the fact that of the

admissions in 1857, exactly 100 of those of Hindoos were attributed to intemperance, and 33 of those of Musselmans to the same cause : intemperance signifying both the abuse of narcotics and of spirituous liquors, the principle narcotics being preparations of *Cannabis Indica*, rarely of opium.

J. C. B.

Report of the Commissioners of Inquiry on the state of Lunatic Asylums and other Institutions for the Custody and Treatment of the Insane in Ireland, with Minutes of Evidence, and Appendices. (State Paper, pp. 718.)

Observations on the Report of the Commissioners of Inquiry into Lunatic Asylums in Ireland, in a Letter to the Right Honourable Lord Viscount Naas, M.P., Chief Secretary, &c., by J. NUGENT, M.D., Inspector of Lunatic Asylums. (State Paper, pp. 23.)

The report of the Royal Commission into the state of the Irish Lunatic Asylums has at length been presented and printed, two years from the date of the commission, and after the period fixed for the report has been extended (as we have been informed) three times by letters patent. We hear that this delay has been occasioned, partly by the inability of the English Commissioners in Lunacy (who were most unadvisedly placed on this commission,) to devote their time to these foreign duties, to the neglect of their own urgent duties at home ; and partly to the absence of unanimity in the views of the Commissioners, and especially to the opinion entertained by Dr. Corrigan, in opposition to that of all his colleagues, that Visiting Physicians are a necessary appendage to Lunatic Asylums. The Commissioners assembled in Dublin, October 16th, 1856. From the public institutions and the Constabulary they obtained returns of the number of the poor insane, giving the total number maintained at the public charge in asylums, workhouses, and prisons, 5,934; the number of insane poor at large and unprovided for, 3,352; total, 9,286. The census returns of 1851, give the number of the insane in Ireland, 9,980 ; while the Inspectors of Lunatics, in their last report, fix the number at 11,452.

The *District Asylums*, which were erected under the 1st and 2nd Geo. IV., c. 33, for the "lunatic poor," are considered by the Commissioners as not limited to the relief of the destitute poor, or persons qualified to be relieved out of the Poor Rates; and the Commissioners state they have found a general opinion to prevail in favour of admitting a class of patients, whose relatives would be unwilling to solicit their residence as pauper lunatics, and yet who would be unable to pay for the maintenance of these afflicted creatures in any private asylum. Great diversity appears to exist in the Irish asylums in the admission or exclusion of patients of this kind; the Commissioners, however, express their opinion, that the admission of paying patients should be distinctly recognised under such restrictions as may protect the rate-payers from undue taxation, and the lunatic poor of the lowest class from unfair encroachment on the accommodation more especially intended for them. The report next proceeds to describe the duties which have been performed in the erection of asylums by the Commissioners of Control, and by the Inspectors of Asylums. It appears that in all that related to the choice of site, purchase of land, approval of plan, and erection of building, all the business has been done by the Commissioners of Control and General Correspondence, "without having among their body any member of the medical profession who might be supposed to be acquainted with the requirements of such institutions." Moreover, no voice was allowed to the rate-payers of the district, either directly or indirectly, in the arrangements for providing the asylums for which they had to pay.

"It thus resulted that, without any communication with the Grand Juries of the several counties, or any other parties representing the ratepayers, and without any specific statement of the probable cost, to the Privy Council, who directed the establishment of these institutions in the several districts, large and expensive asylums have been erected, and the first public intimation of the charge, thereby imposed upon the district, was the warrant for the repayment of the outlay forwarded to the Grand Juries, on whom such repayment was imperative. This has naturally led to a very general discontent, more especially as just cause for complaint also existed of the imperfect manner in which the works had been executed, in the asylums recently erected."

The Commissioners cannot think that the rate-payers, or those who represent them, should be excluded from all voice in the determination of questions in which they are so deeply concerned. The inspection of asylums was first imposed upon the Inspectors General of Prisons, but the Act 8th and 9th Vic., c. 107, s. 23, provided for the appointment of the Inspectors of Lunatics. These officers appear to have an

amount of actual authority and power far beyond that possessed by the English Commissioners. They are *ex-officio* governors of all district asylums ; a position which the report declares to be quite inconsistent with that of Inspector, whose duty it is to report on the state of institutions, in whose government they are thus personally responsible. We learn from the evidence of the Inspectors, that the Boards of Governors of District Asylums, and also the superior officers, are in fact appointed by them; that is to say, they are appointed by the Executive Government, who always act under their advice. It is not easy to conceive a governing board in any department possessed of more general authority than that which appears to be exercised by the Inspectors of Lunatics in Ireland.

The rules and regulations for the government of asylums appear to have been drawn up so long ago as 1825 by the Commissioners for General Control and Correspondence, but "they have been quite disregarded, and in some asylums habitually violated ;" the reason for which appears to have existed in their being unsuited to the existing state of things in asylums, especially in relation to the duties of manager, which were drawn up in contemplation of that officer not being a member of the medical profession. Moreover, the books required to be kept by the regulations were found by the Commissioners to be most irregularly and imperfectly kept, and the forms in use were various, and not in accordance with the regulations.

The Governors of the District Asylums are nominated by the Lord Lieutenant in Council ; their number is unlimited, but the attendance is in many cases very irregular and deficient ; indeed, Dr. Nugent states in his evidence that were it not for the attendance of the Inspectors in their capacity as Governors, the business of asylums would often come to a stand still. The Commissioners recommend a change both in the manner of appointment and in the duties of Governors.

"It has been suggested that these Boards should have more of a representative character, and that Town Councils and other local bodies should have a voice in the nomination of Governors.

"We recommend that in future the number of Governors for each asylum should be limited, and that they should be named, two-thirds by the Grand Juries of the several counties or counties of towns, in such proportions as the Lord Lieutenant shall determine, and one-third by the Executive."

"The Governors meet once a month, but we think more frequent meetings would be desirable, as, where a quorum does not assemble on the appointed day, the whole business to be transacted has to be adjourned for a month.

"By the Privy Council regulations, it is the duty of the Board regularly to inspect the asylum and the inmates, but it will be seen, by the evidence, that in some asylums this is rarely done, and in others, although certain members of

the Board, who take an interest in the institution, are in the habit of visiting it, yet there is no Visiting Committee appointed by the Board for that purpose, and no reports are therefore made to the Board of the condition of the Asylum and the inmates, or the conduct of the officers, except by those officers themselves.

"We think that either a Visiting Committee should be named by each Board, or some arrangement made by which the Governors would themselves undertake, in rotation, the duty of visitors, and record their observations in a book kept for that purpose."

The principle of election by Grand Jurors comes very near, we presume, to that in existence in this country, of election by Courts of Quarter Sessions; but if it is good for two-thirds of the Board, we cannot conceive why it should not be good for the whole number, or what possible benefit can result from the nomination of one-third by the Government. The Commissioners appear to have gone very near to the perpetration of an Irish blunder, in recommending more frequent meetings to be held, because a quorum of Governors cannot always be got together once a month; for if they cannot be got together once a month, what probability is there that they will attend at shorter intervals? As for Visiting Committees, certainly they are better than leaving asylums unvisited, but the best visitation is made by the body of men who possess legal power, which a mere committee does not do. The representations of a committee are liable to need confirmation, and their opinions to lead to discussion. Coming between the Board and its officers, like all interposing bodies, they inevitably occasion waste of power. They may impede a zealous officer or shield an indolent one. All that can be said in their favour is, that they are a *pis aller*; that, because Boards as Boards neglect their duties, the more active and zealous elements in them may thus be utilized to remedy the deficiency.

The recommendations of the Commissioners on the appointment of officers appear to us sound and judicious. They propose that all superior officers should be appointed by the Governors instead of by the Lord Lieutenant; who, however, should have a *veto*, and the sole power of removal.

"As a general principle we do not see why the Executive Government should interfere in these matters, or that its interference has led, or is likely to lead to a better selection of officers than would be made by the local authorities. It is true, as has been stated, that the election of these officers may tend to local contentions, and that private feeling may prevail to the prejudice of the institution. We think that there is not a little reason to believe that political influence might lead to an equally injurious result, if the appointments are left to the Executive."

The subordinate officers and servants, the Commissioners recommend to be appointed and removed by the resident Physician. The Commissioners it appears could not come to an agreement on the question of the medical officers.

"We are of opinion that the resident physician should have charge of the asylum, and be responsible for the treatment of the inmates as regards their insanity. Four of us consider that the resident physician should be solely responsible for the treatment of the patients, both as regards their bodily health and their mental disease; but that he should be assisted, when necessary, by a visiting physician, whose duties, however, should be confined to cases where his attendance may be required in consultation by the resident physician. A very strong opinion is, however, entertained by one of our body, Dr. Corrigan, that there should be a Visiting Medical Officer attached to each Asylum."

We need scarcely say, that we entirely agree with the majority on this important question. The visiting physician is a part of the old effete system of asylum management, when every man shifted as much responsibility off his own shoulders as he could possibly get rid of. The medical duties of a lunatic asylum are such, that they cannot possibly be efficiently discharged by a visiting physician. The only real utility of such an officer is to act as a convenient cushion or buffer in front of his more active colleague. We observe that the main argument advanced in favour of visiting physicians was, that the narrow sphere of practice enjoyed by the resident physician is liable to make him rusty in the treatment of physical diseases, as contra-distinguished from mental diseases. On the same principle every barrack ought to be attended by a visiting physician out of the neighbouring town; and every ship's company if it were possible. This absurd argument assumes that a medical man forgets the knowledge of any department of his art, at which he is not constantly hard at work. Judged by this rule, however, there are some visiting physicians whose value could not be estimated very highly. The two following questions so skilfully put, as to convey the inevitable answer, appear to dispose of the argument, that a visiting physician is necessary, because, in the treatment of bodily disease, the hand of the asylum physician will have lost its cunning.

"Question 619.—Are not medical remedies, in some degree, for ordinary bodily illness, modified by the fact of the party being insane? *Dr. Nugent*: That is a very nice question to answer. I cannot answer that *ex cathedra*; it might or it might not.

"Question 620.—Would not a medical man, having the constant charge of the insane, be a better judge of what medical remedies to apply to them than the general medical practitioner, who has no experience as to insanity? The more experience a man has in a particular disease, *ceteris paribus*, the more competent he is to treat it."

We are surprised that the Commissioners did not directly recommend the medical staff of the Irish asylums to be remodelled on the English and Scotch plan of giving full power to the resident Physician, and affording him assistance by the

appointment of subordinate medical officers also resident in the asylum. We are the more surprised at this oversight as the Commissioners strenuously advocate the utilization of asylums as schools of mental disease, by the admission of medical students or the appointment of clinical clerks. The English and Scotch asylums are, in fact, admirably fulfilling the purpose of schools of mental disease to a select body of young medical men, who are understood to devote themselves to this branch of the profession, and whose services in return are invaluable to the institutions where they labour and study. They acquire a competent knowledge of this difficult and intricate branch of medical practice, in which a smattering of information is of little use, and they render to the patients, services, which it would be impossible to supply by any arrangement between visiting physicians and resident physicians and third physicians called in to act as umpires in cases of dispute.

The following is the conclusion to which the Commissioners come, upon the much debated and litigated question of asylum Chaplains.

"The appointment of Chaplains to these institutions has led to conflicting opinions; and the Belfast Board of Governors have successfully resisted their introduction into that asylum. We have elicited opinions upon this point at each of the enquiries which we held, and the evidence of Governors, Chaplains, and other persons, will be found in the Appendix. Except at Belfast and Armagh, to neither of which asylums Chaplains are attached, it will be seen that the vast preponderance of testimony, almost amounting to unanimity, is in favour of such appointments, and strongly expressive, as well of the consolation thereby afforded to the great majority of the inmates, as of the cruelty of depriving them of the ministration of their clergy, and the means of attending divine worship. We do not hesitate to say that we fully concur in these opinions, and recommend that Chaplains should be included among the officers whom it shall be imperative to attach to each asylum, and that proper arrangements should be made for the due celebration of religious worship therein. At the same time, as the ministrations of the Chaplain have a necessary connection with mental exertion on the part of the patient, we consider that the duties of that officer will require, on his part, great judgment and discretion in their discharge—so that while the consolations of religion are fully afforded, the peculiar mental condition of the patients will not be lost sight of by the Chaplain; and that, while visiting those of his own communion, he will carefully abstain from anything calculated to excite or disturb the minds of those who belong to a different persuasion. We cannot suppose that these considerations will be absent from the mind of any clergyman entrusted with the pastoral charge of the inmates of an asylum. We cannot, therefore, withhold the expression of our conviction that the State is bound to make provision for such appointments. The rules should give power to the Resident Physician, under ordinary circumstances, to prevent the visits of Chaplains to patients to whom such visits may, in his opinion, at the time be injurious; but in cases of bodily disease, where danger to life is apprehended, special notice of such illness should be given to the respective Chaplains, who should then have unrestricted access to the patients."

The Commissioners recommended that a separate and dis-

inct place of worship should, if possible, be set apart for Divine service by each chaplain, in order to avoid the objections which have been made by Protestants and Catholics, to the common use of the chapel by both the Roman Catholic and Church of England sects.

On the subject of officers and servants, the Commissioners draw attention to the small amount of wages given to attendants, whose duties are "at all times disagreeable and irksome, frequently dangerous and disgusting." They recommend that salaries should be given to resident physicians which will secure the services of thoroughly competent officers, and that they should increase with length of service. They also think that the retiring allowance of these officers should not depend on the same length of service as in the case of other officers and servants, inasmuch as they will generally enter upon their duties after having been engaged for some time in the practice of their profession; and that their retiring allowances should be given in cases of permanent infirmity, as well as for length of service, and should be computed upon the value of rations and other allowances, as well as upon the rate of salary.

In Ireland the District asylums were provided before the passing of the Poor Relief Act. The relief of the general poor is divided between the landlord and tenant, while that of the lunatic poor falls upon the occupier only, upon whom the county rate is levied. The Commissioners do not recommend any change, although they recognise this distinction between the general poor and the lunatic poor as an anomaly.

The admission of patients into asylums is conducted without any uniformity of practice. In some asylums epileptics and idiots are excluded, in others they are admitted; in some, paying patients are received, in others, rejected; in some, contrary to the Privy Council rule, patients are admitted by the physicians and managers. The Commissioners recommend that there should be one rule rigidly enforced for regulating admissions.

The following is the summary of the Commissioners upon the general condition of the District asylums:—

"The District Lunatic Asylums of Ireland have, with one or two exceptions, been erected at two distinct periods—those of earlier date immediately subsequent to the Act 1 and 2 Geo. IV., c. 33, and under the direction of the original Commissioners for Control and Correspondence; the latter buildings for the additional districts, erected subsequently to 1846, when the necessity for increased lunatic accommodation became obvious.

"The earlier asylums are Carlow, Belfast, Derry, Armagh, Waterford, Clonmel, Ballinasloe, Limerick, and Maryborough.

"The more recent erections are Kilkenny, Killarney, Omagh, Sligo, and Mullingar, to which may be added the Eglintoun Asylum at Cork, and the new asylum at Richmond, Dublin.

The plan adopted for the earlier asylums was that of a radiating building of two stories, having the airing courts confined to the irregular spaces between the radii, the front building, and an outer wall, against which sheds were usually erected, or, as in Limerick, low additional wards. In Derry, underground cells had been provided; but, if ever used, they have long since ceased to be occupied by patients. The necessary offices usually occupied a space immediately behind the centre of the front building, in which are the apartments of the Managers and Matrons. These buildings were not provided with any modern improvements: no water was laid on—the patients, as in Carlow, being left to wash in the open courts under shelter of a shed; and, at most, one bad and imperfectly constructed bath being provided for each side of the building. A like want of baths existed at Derry. The kitchens were usually small and inconvenient; and where additional buildings have been erected, these, as well as the other offices, have been found inadequate to the increased wants of the establishment. No places of worship or recreation halls were provided, nor any artificial means of ventilating the cells and galleries; no water-closets in the several wards; neither were there sculleries or store-rooms, nor adequate means for the heating of the building.

“In the more modern buildings a totally different style of construction has been adopted. These are often of pleasing elevation, but of costly construction, having three floors instead of two, and usually of great length, with, in some cases, retreating wings at each end; long galleries, with no means for heating them except small fire-places in the outer walls, so placed, it would appear, in order to add to the beauty of the elevation by a prominent gable; day rooms, forming projections with a like view to architectural effect, with three exterior walls, and frequently cold and comfortless—the cells almost invariably on the northern side of the building, which is not generally the case in the older asylums. Improvements are perceptible in the provision of lavatories and bath rooms, with a proper supply of water, of recreation halls, chapels, and vastly superior kitchens and offices, as well as infirmaries, and arrangements for ventilation.

“In almost all the asylums, however, whether of the earlier or more modern date, the airing courts are situate on the northern side of the building, cold and cheerless, the sewerage imperfect or ill-planned, and the supply of water frequently defective, as well from insufficiency of power to raise it as absolute deficiency during some parts of the year.”

The Commissioners comment on the various departments of arrangement, cleanliness, ventilation, recreation, &c., administering a great deal of blame and very little praise. There is one point in these comments of such great and general importance, that we deem it necessary to dwell upon it, namely, that the dietaries said to be in use in some asylums, did not correspond with the actual consumption of the articles of food.

“Copies of the dietary tables of Asylums, and of Returns showing the consumption of the principal articles of food in the several Asylums, will be found in the Appendix. These Returns, however, differ widely from the allowances specified in the diet-tables of some Asylums, and we cannot reconcile the apparent discrepancy. If the Returns of consumption are correct, the patients cannot receive the amount of food professed to be allowed to them.”

This is a point worthy of the serious attention of the medical officers of county asylums in this country. We have known a marked instance in which the patients in an asylum on a fixed dietary of great liberality, were for a time stinted by the caprice of the steward of more than one-third of the allowance

of meat. This serious injustice to the patients was effected by the utterly inadequate allowance made for the loss of weight in cooking. Every dietary ought to be founded upon an allowance of cooked meat free from bone, and every patient ought to have his ration weighed to him. The injustice of favouritism, which is practiced in asylums in the distribution of food, can only be prevented by a stern adherence to the use of the balance. We have for many years advocated and practised this, though we are sorry to feel that our advocacy has not gained many converts. It is urged that one patient sometimes needs a larger ration than another. This, no doubt, is true ; but surely the exigencies of a great frame or a large appetite ought to be met by an allowance of extra diet, and not by abstracting from the rations of others. We maintain that each individual patient has an absolute right to the full amount of the fixed dietary, and that in meat and bread at least, it ought to be distributed not according to the judgment or caprice of the attendant, but by the impartial arbitration of the balance.

The Commissioners condemn the treatment of the sick in single rooms, and reprobate the disuse of the special infirmaries which have been provided in most of the asylums.

“The practice of treating the sick in their own cells prevails in many of the asylums, even where separate infirmaries have been provided, and we cannot too strongly express our opinion as to the injudiciousness of this course, in cases of serious illness. The cold and confined cells occupied by the patients are quite unsuited for the treatment of disease which confines the invalid to his bed ; and it is impossible that the same care, attention, and comforts can be bestowed on patients scattered in distinct apartments over a large building, as in the dormitory of a comfortable and well-heated infirmary. In some instances, cases of severe illness were, from being scattered over the institution, not even brought under the notice of the Visiting or Resident Physician. In other instances, cases of loathsome disease were kept in an associated dormitory, necessarily neglected during the day, and offensive to all around them during the night.”

There can be little doubt that a special and separate infirmary is, under the extraordinary occasion of epidemic or endemic disease, of essential service in an asylum ; but to insist upon infirmaries being kept always in use in asylums, and to condemn the treatment in single rooms of the ordinary dropping cases of illness which take place in the wards of an asylum, is so contrary to all that we know of the manner of treating such illness most comfortably and indulgently to the patients, that we are at a loss to conceive upon what principles the Commissioners arrived at the strong opinion they have expressed. It is entirely prejudging, or rather, perverting the question, to assume that single sleeping rooms are necessarily cold and comfortless, and that their inmates are abstracted from the needful attention of nurses. They

may be all this, but they may be the very reverse. It is well known that the single sleeping room is the greatest comfort and luxury that can be bestowed upon those patients who are most alive to the appreciation of such things. How, then, can it be assumed that such a room is necessarily comfortless? A single sleeping room with a good bedstead and bedding, a curtained window, a carpeted floor, and a small locker to act as seat cupboard and table, with a free opening into a well warmed and lighted gallery, is infinitely more comfortable than it is possible to make a large infirmary room. But the relative amount of comfort to be found in a single room or dormitory is not the real point upon which the question hinges. The fact which determines against the infirmary is, that the ordinary cases of illness which occur in an asylum are not of a nature to be treated to their own advantage in an associated room. In proof of this position, we shall run the risk of being thought tedious, by stating the nature of the illnesses which now confine patients to bed in the asylum containing some 575 patients from whence we write. In the men's wards only two patients are at the present confined to their beds; No. 1, an epileptic idiot with scrofulous disease of the ancle joint; No. 2, a case of chronic mania admitted with scabies. This fact, though exceptional, tends to prove how unnecessary is the constant maintenance of an infirmary and an infirmary staff. On the female side the following patients are confined to their beds:—No. 1. A case of acute melancholia, with great weakness and restlessness; is excited during the whole night, and a special night watch is employed to sit by her and attend to her alone. No. 2. A woman, eighty years of age, a cripple, and very feeble, a bed-lie for many years; thinks herself Jehovah; appreciates the comfort of a single bed-room, and would be very unhappy in a dormitory. No. 3. A woman convalescing from an attack of hepatitis; might have been treated in an associated room. No. 4. A case of rheumatism with imbecility and melancholia; whenever this patient is awake she moans aloud in the most distressing manner. No. 5. A patient with gangrene of the feet and melancholia; constantly repeats, in a monotonous chant, "what shall I do?" "where shall I go?" No. 6. A chronic bed-lie with mesenteric disease and dropsy, very feeble, very quarrelsome; is tolerably tranquil in a single room, but is known by experience to be quite the reverse in an associated room. No. 7. A case of ovarian dropsy, who is tapped once in six weeks, and lies in bed a few days afterwards, then goes about the ward.

It is quite obvious that if these patients were put together in an associated room, their influence on each other would be destructive of all comfort and tranquility.

The most unexceptionable arrangements would appear to be, first, distinct buildings for epidemic disease, which should be so used that they might readily be converted into infirmaries when need arises; second, ordinary wards with a large supply of single rooms and extra nurse power for common illness.

On the subject of restraint, the Commissioners notice the culpable disregard with which the Privy Council rule has, in many instances, been treated. This rule requires that all instruments of restraint shall be under the charge of the manager, and all use of them carefully recorded in the daily report. The most painful instance of the disregard of this rule, came under the notice of the Commissioners, in the Maryborough District Asylum, which, for the credit of our order, we are happy to say has no resident medical officer. Dr. Nugent has published an exculpatory letter from the visiting physician of the asylum, but the facts which Her Majesty's Commissioners state that they observed with their own eyes, cannot be doubted as simple painful facts.

"As an instance of these omissions, we may state what came to our knowledge in Armagh Asylum. On our visiting it we found several of the inmates under restraint. A patient, on the female side, was strapped down in bed, with body straps of hard leather, three inches wide, and twisted under the body, with wrist-locks, strapped and locked, and with wrists frayed from want of lining to straps; this patient was seriously ill. There was no record of her being under restraint in the Morning Statement Book, as required by the order of the Privy Council. Another female was in the day room, without shoes or stockings, with strait waistcoat and wrist-locks; she had been two years in the house, and almost continually kept in that state day and night. Wrist-locks and body straps were hung up in the day room, for application at the pleasure of the attendants. A male patient, in Ward No. 2, was found, at our visit, strapped down in bed; in addition, he was confined in a strait waistcoat, with the sleeves knotted behind him; and as he could only lie on his back, from a contrivance we shall presently describe, his sufferings must have been great; his arms were, moreover, confined with wrist-locks of hard leather, and his legs with leg-locks of similar kind; the strapping was so tight that he could not turn on either side; and any change of position was still more effectually prevented by a cylindrical stuffed bolster of ticken, of about ten inches thick, which ran round the sides, and top, and bottom of the bed, leaving a narrow hollow in the centre in which the lunatic was retained, as in a box, without power to turn or move. On liberating the patient, and raising him, he was very feeble, unable to stand, with pulse scarcely perceptible, and feet dark red and cold; the man had been under confinement in this state for four days and nights, being merely raised for purposes of cleanliness.

"When examined as to this case, the Manager stated he was aware of the man being in bed, but not having all those instruments of restraint upon him. No record of this case of restraint appeared in the Morning Statement Book.

"We feel it more necessary to notice this particular instance of disregard of rules, of neglect and cruelty, because we find it stated by the Manager (*vide* the Eighth Report on the Lunatic Asylums in Ireland, Appendix, page 61), that

when mechanical restraint is employed it is under the direction of the Manager or Physician; while it appears from the evidence given before us in this case, that neither the Manager nor Physician had seen or visited this patient while under confinement, or even been aware of his state. It is further stated by the Manager, that the only instruments of restraint in use were a "muff or vest," although we found patients confined in wrist-locks, leg-locks, and body straps."

The condition of the lunatic poor in workhouses, of whom there are 1707, is thus described.

"It appears to us that there can be no more unsuitable place for the detention of insane persons than the ordinary lunatic wards of the union workhouses. The unfortunate creatures have commonly no one to attend them but some of the other pauper inmates, who are but little capable, or little inclined, to concern themselves with looking to their wants or necessities. The result is, that the condition of these wards, and the lunatics detained therein, is usually most unsatisfactory. In many cases the bedding is ill-attended to, the persons of the lunatics were often most filthy, their clothing bad, and no effort at cleanliness was observable, in this apparently condemned division of the workhouse. In some workhouses, however, the bodily condition of these afflicted beings was as carefully attended to as in an asylum, though we cannot say that in any, their moral treatment was much studied. The cases are, however, generally, chronic or idiotic."

The medical officers have power to regulate the dietary of the sick, but that of other insane inmates is that of the house; and the Commissioners on this point state broadly their opinion that "the ordinary workhouse dietary is unsuited and insufficient for any class of the insane."

There is much unoccupied workhouse accommodation in Ireland, and the Commissioners propose to utilize this for the benefit of the insane in a manner deserving our best attention in this country, on account of the sound and wise principles it advocates, namely, that of placing the care and treatment of the insane poor who are in workhouses, under the control of the Governors of the District Asylums. It is the same principle which we have elsewhere advocated, that all insane paupers, whether in asylums or out of them, ought, in this country, to be placed under the guardianship of the magistracy, and not under that of the Poor Law officials, whose constant and primary object is the direct saving of the poors' rate. The Commissioners recommend that one or more workhouses in each district should be made available for the reception of chronic lunatics, by placing in them all the proper internal fittings required in asylums, by providing proper airing courts, by appointing a resident medical officer and proper paid attendants, and especially by enacting that "the Board of Governors [*i. e.*, the Governors of the District Asylum] shall have the same control over them as over the District Asylum;" the Board of Guardians being empowered only to visit and inspect.

They recommend, indeed, that to all intents and purposes, they should be made auxiliary asylums.

A well deserved eulogy is passed upon the Central Criminal Asylum. The principle of admissions is discussed, namely whether preference should be given to cases of serious crime rather than to those of aggravated lunacy, and the Commissioners come to the conclusion that "a distinction must be drawn, having reference to the moral stain resting on the patient." We cannot concur in this opinion, except in so far as the obvious distinction exists between those persons who have been acquitted on the ground of insanity, and those who have been convicted of crime and have subsequently become insane. There can be no moral stain on a wretched being whose crime has been the result of insanity, however fearful that crime may have been. The degree and kind of insanity, rather than character of the crime, is the true criterion of moral stain. A madman, who immolates the dearest object of his love in obedience to the supposed commands of the Almighty, has no moral stain ; whilst another committed to gaol for mere want of securities may be not only a dangerous lunatic, but a thoroughly vicious bad man.

The Commissioners next proceed to indicate the system under which, in their opinion, the control of lunatic asylums in Ireland should henceforth be conducted, namely, that they should be placed under the superintendence of a Central Board, consisting of three salaried members, of whom two should be of the medical and one of the legal profession ; with a secretary and clerks. They do not propose that there should be any unpaid Commissioners as in England and Scotland, because they do not believe that unpaid members would give any additional weight to the authority of the Board, or that their attendance would be regular ; and because the Commissioners in whom the management of affairs ought to be vested, should not be persons merely sitting at the central office, but persons actually conversant, by inspection, with the condition of the asylums and the lunatics under their control. They propose that each public asylum shall be visited twice every year, and that on one of these visits the legal Commissioner shall be associated with one of the medical Commissioners. They propose that the Commissioners shall have power to enter and visit the asylums at all times, to attend and take part in the proceedings of the governors, but not to vote. At present the Inspectors of lunatics are required to visit not only asylums but workhouses and gaols ; the number of institutions

they are required to visit being 219, and imposing upon them an amount of duty which the Commissioners justly regard as excessive. They propose that hereafter the duties of Inspector shall be limited to District, Private, Charitable, and Auxiliary Workhouse Asylums, and to private patients. The Commissioners recommend that the whole existing code of law relating to asylums shall be repealed, and that one general enactment shall be introduced for the government and regulation of all asylums, public and private. The Commissioners state that it is "our wish to limit the authority of the Board as far as is consistent with the efficiency of the institutions, and securing the proper operation of the law in regard to lunatics." They nevertheless would give them the power to insist, through the Lord Lieutenant, on the erection or enlargement of any asylum they thought fit; to make their consent requisite to all plans and buildings, to all purchases of land, and to all contracts. They would impose upon the Central Board the duty of preparing proper forms of admission and discharge from asylums, and of rules for the government of asylums, both as regards the duties of each officer, and the meetings and proceedings of the governors; they would also give them power to regulate the dietary of any asylum. Private lunatic asylums in Ireland are licensed by the Justices in Quarter Session. The Commissioners propose to place them entirely under the control and government of the Central Board both as to licensing and inspection, the latter to be done four times a year; the revocation of licenses to rest with the Lord Chancellor on the recommendation of the Board. The Commissioners pronounce a sweeping condemnation upon the private asylums generally. They remark upon the fact "how limitedly the patients wants are observed, where they are not positive necessities, how little the agreeable is studied where it is not the essential, and how strong the tendency must be to restraint, since the opposite system, if carried out, will necessarily require an increased number of attendants at increased cost, and therefore diminished profit." "Where profit is the aim," they observe, "it will too generally be pursued to the prejudice of those from whom it is derived." On these grounds, they confess, that although private asylums appear a necessity, they "should gladly see the existing establishments of this class in Ireland, give place to institutions of a self-supporting character." If such institutions are to be self-supporting, we do not see the necessity for the appeal to the remarkable charity of the inhabitants of Dublin, and the hope expressed, that "the tide of benevolence may one day, turn

in this direction." If the institutions for private patients, by which the Commissioners hope to see private asylums supplanted, are to be self-supporting, what need will there be of the tide of benevolence?

Chancery Lunatics appear to be placed under much the same regulations as in this country. The inquisitions are conducted before Mr. Henn and Mr. Brady, who discharge the functions in this country committed to the Masters in Lunacy Mr. Barlow and Mr. Winslow. It would appear, however, that juries are resorted to in every case.

"It appears to us that the present mode of inquiry is not satisfactory. The juries are spoken of as not being generally the most competent parties to judge of the sanity or insanity of the person brought before them. We fully concur in that view, and consider that such a question would be much better determined by persons experienced in the observation of lunatics, and whose familiarity with cases of diseased mind affords them greater facilities for detecting whether the mental faculties are so far impaired as to render the person before them incapable of managing his own affairs.

"Juries, we think, should only be resorted to, in special cases, where it is considered desirable by the Commissioners, or is demanded by the alleged lunatic or where he is not within the jurisdiction of the Court."

We cannot reconcile the opinion of the Commissioners that juries should still be resorted to in special cases, that is in difficult and balancing cases, while they condemn the system of juries generally for this purpose. It is a curious *non sequitur*, that juries not being the most competent persons to judge the question of sanity or insanity, therefore, intrust these inquiries to persons versed in the observation of lunatics; but when a special and difficult case arises, let it be sent to a jury. The Commissioners propose to absorb the Chancery business of the country in relation to lunatics, into their proposed Central Board.

"We propose that in all cases the proceedings should originate, as at present in a petition to the Lord Chancellor; but we think that the Commission *de Lunatico Inquirendo* should issue from the Central Board of Commissioners, whose appointment was recommended in the former part of this Report, or to any two of them, and that they should have power to sit in any part of the country as occasion might require. They should hold their inquiry without the intervention of a jury, except in the special cases above adverted to. They should make a return to the Lord Chancellor in the same manner as the Commissioners have hitherto done, which finding should be liable to traverse. If the return be unopposed, or the traverse fail, the lunatic should thenceforward be placed, as regards matters connected with his person, under the guardianship of the Central Board."

This proposition, to supersede the lunacy department of the Court of Chancery, is a singular corollary of the intention the Commissioners express to limit the authority of their Central Board. So far from any desire to limit its authority being observable, it would appear that it is their object to

constitute a triumvirate invested with something very like absolute power, in all matters relating to lunacy in Ireland. Should it ever be established, we can only hope that its members will be able satisfactorily to discharge the great extent and variety of its duties, and that their remuneration will be in some degree commensurate with their responsibilities. At present, the salaries of the members of the Lunacy Board in Ireland are unjustly and invidiously low, namely, only £900, while those of the members of the English Board are £1,500, and those of the Scotch Board are £1,200.

The concluding paragraph of the report expresses an opinion that any interference with patients treated at home, is undesirable.

“In regard to those lunatics whose cases have not been provided for in the foregoing recommendations, and who, whether in poor or affluent circumstances, may be well treated at home, it cannot be expected, nor would it be reasonable, that there should be any interference by public officers. It may be that their mental condition would be improved, possibly their reason restored, if removed at an early period from the scenes and society in which their aberration of mind first exhibited itself; but, as long as they are not ill-treated or neglected, there does not appear to us any sufficient ground for the interposition of official inspection, which would be an intrusion on domestic privacy, and an unveiling of secret afflictions, would give pain without any corresponding benefit or advantage, and be as offensive to the feelings of the family as uncalled for and unnecessary.

There is much to be said on this point *pro* and *con*. Every man's house is his castle, and ought not to be entered by public officers—even though he has a mad relative in the donjon: at least this is the obvious legal opinion founded on one of those constitutional principia which form the basement of English law. But the liberty of the subject is another principle of equal force and sacredness, and it does not seem quite reasonable that a man should be able to shut up a mad relative absolutely without authority, inspection, or control—even although it be in his own home. Moreover, it is not always easy to say what is a man's home! Is a lodging taken by the week a man's home? The English Commissioners say not, and require papers as for a single patient kept for profit if he is treated in such a place. It is true, indeed, that this rule or regulation, or whatever it may be called, is as often broken as observed; and it is probable that the Commissioners would find it difficult to establish their interpretation of the statute in the Court of Queen's Bench, in any case where the lodging-house keeper had only derived the ordinary profits of his calling, from the accommodation of an insane patient; the meaning of the words “kept for profit” being, obviously enough, directed to the custody of an insane patient, as such; and not to the

usual and legitimate gains upon house-room, furniture, and attendance, which form the profits of a lodging-house keeper, as such. If a lodging is not a man's home, is a furnished house? And if not, what is, and what is not? In judging of this question it should be remembered that by far the greater number of instances of cruelty and neglect, in the control and imprisonment of insane persons, have taken place where the patient has been, what is called, treated at home. There is a passage in the report which indicates that the Commissioners do not apprehend this danger, or at least that they think with complacency of the affluent insane "being placed as single patients where funds as well as friends will not be wanting to ensure their comfort." Of course we agree with the Commissioners, that when patients are *well* treated at home, any interference by public officers would be unreasonable. But who is to judge whether they are well or ill-treated, if there is absolutely no power of obtaining information on the point? There is surely some middle way between the unnecessary violation of domestic privacy, the unveiling of secret afflictions, and that absolute neglect of all protection which leaves an insane person to be dealt with according to the malignity, or the still more mischievous greed of a relative, so long as he is kept within the walls of what is called his home.

In a separate report the Commissioners express the strong sense they entertain of the zealous services of their secretary, Mr. Michael J. Barry; and they append a large number of carefully drawn statistical tables, and nine coloured plans of the Belfast and Sligo Asylums, to illustrate the two varieties of arrangement on which the District Asylums are built.

The important document which has been the subject of the above analysis has a prevailing tone, which, we fear, will prove a great impediment to its usefulness as the foundation for legislative enactment, by exciting the antagonism of all the persons who are now engaged in the management of asylums and the treatment of the insane in Ireland. Doubtless there was much to find fault with in this department of public service in the sister country, or the appointment of a Royal Commission of Inquiry would never have been made; although it was made, as we are informed by Dr. Nugent, with the full concurrence, or rather at the suggestion, of the Inspectors of Asylums themselves. But if there were great defects calling for inquiry, surely there must also have been much that was deserving of approbation, or that at least might have tended to moderate the general censure of

the report. The first fruits of this severe judgment passed upon the Irish asylums, have been the publication of a letter by Dr. Nugent, addressed to Lord Naas, Chief Secretary for Ireland, for the purpose, not as he says, of attempting to palliate defects whose existence had been well known to him, but to shew "that in the Commissioners' report, a fair equipoise has not been regarded, in other words, that it has the appearance of being one-sided."

"I must confess," says Dr. Nugent, "that I was disappointed on observing that the Commissioners, whose office might be regarded as judicial, had overlooked the merits of, and confined themselves to depicting, and in no weak colouring, such faults and imperfections as they could discover in Irish asylums; and whilst losing few opportunities of stating facts that could tell against them even by implication, had withheld explanations which, if given, would have modified, and in some cases perhaps imparted a totally different aspect to their representations."

The point of view from which the management of the Irish asylums has been taken in the report, is obviously and remarkably, that of the English Commissioners in lunacy. The great majority of the suggestions made, are in accordance with the just and enlightened views known to prevail at the English Board; but as we learn from Dr. Nugent's letter, that Mr. Wilkes and Mr. Lutwidge were only able to afford the benefit of their attendance during the period of five or six weeks, it seems probable that they indoctrinated the other members of the Commission with their general views on the requirements of asylum management, without being able to assist in the examination of details, or to investigate the differences existing between the requirements of the lunatic poor in the two kingdoms, by which they might have been led to modify the judgment passed upon the defects of the Irish asylums.

The composition of the Commission appears to have been singularly unfortunate, namely, two men of experience who were not able to attend to its duties, and three men of inexperience, who were able. We are not aware which of the Commissioners Mr. Nugent points at in the following paragraph, which he assigns as one excuse for the non-attendance of Governors at Board-meetings, but it furnishes a curious illustration of the principle upon which the Commissioners were selected.

"No doubt many of them are not as assiduous as they might be in their

attendance; and even an influential member of the Commission, without wandering beyond his own personal experience, could testify to the fact that a gentleman of acknowledged public talent and high social position, might reside for years within easy access of an asylum of which he was a Governor, without ever finding himself inside its walls, until he visited it in another capacity to report upon its defects.

Dr. Nugent supports his accusation, that the report is one-sided, that is, we presume, declining to the side of censure alone, by pointing to the very important and legitimate subjects of approbation which are ignored in it. He says

"Had the Commissioners made three simple acknowledgments, which in justice to Irish Asylums might have been conceded, I should be quite contented, for the faults enumerated might then be regarded as exceptional; but when nothing favourable is said, such faults may be looked upon as indications of a system of bad management.

1st. Had they stated (which in truth they might have done) that Irish Asylums were eminently successful as curative establishments, as evidenced by the number of recoveries and paucity of deaths in them, thus, to say the least, placing them on an equality with any similar establishments in Europe—superior, perhaps, to most—as appears from returns furnished by the Commissioners themselves, one of which gives the number of patients in Irish Asylums on 1st January, 1852, at 2,700, to which were added during the quinquennial period ending with 1856, 6,197, raising the whole number under treatment to 8,897. Assuming that the curable cases bore to the incurable the same proportion as the numbers of these denominations at present in asylums bear one to the other (a very legitimate analogy), the number of the former under treatment must have amounted to 2,717, while no less than 2,436 were discharged cured in the period referred to.

2nd. Had they stated that, in their scrutinies into the various details of District Asylums, into the mental condition of patients, whether in public or private establishments—into the mode and practice of restraint, and into the manifold complaints and accusations which, no doubt, must have been addressed to them by letters signed or anonymous (but each requiring notice, however disagreeable the task)—not one instance of defalcation was discoverable, not one inmate out of 4,000 unjustly deprived of liberty, not a single case of violence, cruelty, or abuse came under their notice, with the exception of one of restraint at Armagh, the necessity for which is maintained on authority to which I shall refer hereafter

3rd. Had they stated as indications of the unceasing care and attention bestowed by subordinates on the inmates of public asylums, the wondrous immunity in them from accidents and deeds of violence, considering the excitability of our race, doubly developed in the maniac; as a striking instance of which I may observe that only four cases of suicide, and not one of a homicidal nature, are recorded as having taken place within five years, notwithstanding that in that period no less than 2,000 lunatics, committed to gaols on sworn depositions as "dangerous" to themselves or others, had been transferred thither, and that at the date of their statistical returns there were 551 of this class still remaining.

"Were these admissions made, I should not, perhaps, feel it necessary to trouble your Lordship with the present communication.

Dr. Nugent defends the practice of making biennial instead of annual reports, on the ground of the excellency of these reports.

"That the five biennial Reports of the Inspectors contain more materials for the advancement of mental science, as is testified not alone by writers and reviewers familiar with the subject in this country, but also in England, than the

ten annual reports of the Commissioners there; notwithstanding that in Ireland there are but two Inspectors, whose duties are relatively more extensive, and the total annual cost of whose office does not amount to £2,500, whilst in England, besides the unpaid, there are six paid Commissioners, with a large staff, the aggregate of whose expenditure is six times greater.

We by no means agree with all Dr. Nugent's views, either as expressed in his evidence before the Commission, or in the report, but we feel we are judging of the facts at a distance, and from an English point of view, without any practical knowledge of the working of the Irish asylums system, or of the state of society upon which it is founded. Dr. Nugent does not think the proposition judicious, that two-thirds of the governors of asylums should be appointed by the grand juries, and one-third by the Executive. We do not understand how "it would lead, in great part, if not wholly, to the exclusion from the board of the *hierarchy* and the nobility;" nor, with our English prejudices, are we inclined to think that the hierarchy is a useful or desirable element from which to select the governors of these institutions. We entirely agree with Dr. Nugent, that the "duties required of a governor, render essential an acquaintance with matters which can only be acquired by frequent attendance at the Board-room," and that the annual election of *new* governors would prove detrimental to the interests of the insane. This opinion is so just, that in England, the governors of asylums, who are annually elected at the Epiphany Court of Quarter Sessions, are, with rare exceptions, not new governors, but re-elections, a fact which, while it supports Dr. Nugent's view, proves also, that it does not form an objection to the annual election of governors by the county constituency.

Dr. Nugent points out that the Commissioners "have fallen into a misconception on the frequency of Board Meetings, and the non-existence of Visiting Committees." It is strange that the Commissioners should have thought that the absence of a quorum should necessarily postpone business for a month, since the obvious remedy exists in an adjournment—a remedy which is the common and lawful practice.

Dr. Nugent "coincides with the views of Dr. Corrigan regarding the propriety of having Visiting Physicians," but he incidentally furnishes an additional argument against the retention of these officers. The Commissioners wish to see the office of apothecary discontinued in small asylums, an office which we apprehend corresponds with that of the dispenser employed in the larger English asylums; to this Dr. Nugent replies that the apothecary is "a necessity so long as the office of visiting physician is retained, as the resident

physician is prohibited from making up any prescriptions but his own, under the penalty of a heavy fine." Irish medical law we presume. Now the apothecary's place must be a mere sinecure since Dr. Nugent shews (page 8) that in the Limerick and Cork Asylums, containing an aggregate of over 800 patients, the total sum paid in the year for medicines, medical appliances, wine, porter and beer, was only £60. Dr. Nugent also dissents from the recommendation that the "resident physician should not perform civil duties," particularly if the number of patients does not exceed 250, as he "does not see [if aided by a visiting or consulting physician] what employment the resident can have, unless he superintends the general domestic economy of his establishment; the sub-division of duties, with an unneeded multiplication of persons to perform them, materially increases expenses without producing any equivalent benefit." These arguments we think tell forcibly against the opinion that a visiting physician is necessary. A visiting physician entails the appointment of an otherwise needless officer, namely, of an apothecary. It takes from the resident physician his legitimate employment, leaving him nothing to occupy his time, except the superintendence of the domestic economy of the establishment. We by no means think that a resident physician ought to omit such superintendence of domestic economy. In a well conducted asylum domestic economy is a subsidiary ally to medical treatment; but there is a distinction between such superintendence and the performance of civil duties, by which we apprehend that the Commissioners mean the duties of a fiscal nature, which in English asylums are discharged by the clerk.

Dr. Nugent readily admits the structural defects which exist in the District Asylums, and the absence of baths and lavatories. The Inspectors, he states, have been unremitting in their endeavours to remedy this state of things; but the prospect of impending legislation, the uncertainty about the new arrangement of districts, and the pecuniary arrangements likely to ensue thereon, retarded improvement.

On the Central Board and its proposed powers, especially the one to compel Boards of Governors "to provide additional accommodation in such manner as the Commissioners may have set forth." Dr. Nugent remarks

"It may be gratifying to the pride of the Central Board to be armed with such power as that proposed, over the hierarchy, nobility, and gentry of Ireland, from whose ranks Governors of asylums are selected; but I apprehend, so far from working well, it would be the means of producing endless embroilments, which, in case of the Governors offering any determined opposition, must inevitably end, as ended the recent discussions between the English Commissioners

in Lunacy, and the Visitors of the Colney Hatch and Hanwell Asylums, by the Commissioners being obliged to give way at the eleventh hour. Nor does this proposition of the Commissioners appear consistent with a complaint uttered in a previous part of their Report, where they dwell on "the injustice of excluding rate-payers, or those who represent them, from a voice in the determination of questions in which they are so deeply concerned."

Dr. Nugent's opinions on the composition of the proposed Board are well deserving attention; especially his opinion that the services of a lawyer are by no means desirable for the duties of inspection; and his recommendation that the legal paid member or members of the Board should be composed of barristers not debarred from practice. A barrister in practice is one thing; a barrister of four years standing, whom circumstances of whatever kind have induced to submit to the official shelf, is quite another; as a ship who walks the waters like a thing of life is a different thing from those drab-coloured witnesses of ship-building *fiasco* which encumber the waters of Hamoaze. A paid commissioner in lunacy, being also a leading barrister or a judge, and whose official duties only called upon him to sit once a week for a few hours at the Board, would be, or at least ought to be, not only a man thoroughly learned in the law, but a shrewd able man of the world, whose opinion, both on legal matters and questions of common sense, would be of the utmost value to the Commission; a man also known by the world, and able to give the Board the benefit not only of his opinion, but the support of his name. If Boards of Lunacy are to be invested with the great powers and responsibilities recommended in this report, they become *quasi* courts of law, and they ought to include men of such name and authority as may suffice to ensure the fullest confidence of the public. We see not how this can be done in a more feasible manner than by the appointment of paid Commissioners, whose only duties shall be to attend the Board meetings, and who shall be selected from among the leading men in the legal, if not also in the medical profession. To insist upon all paid Commissioners being also Visiting Commissioners, and men excluded from all interest in their profession, is to exclude all those leading men whose very name carries confidence to the ear of the public.

"In thus submitting to your Lordship my views generally on legislation, I have restricted them to the propositions as published by the Royal Commissioners, but the subject may be envisaged under a totally different aspect; and though I may be opposed to the constitution of a Board of three—two physicians and a lawyer—one on a larger and more influential basis may be worthy of much consideration by your Lordship. I allude to a Central Board, of which the Lord Chancellor would be Chairman, with four unpaid Commissioners, one

of whom might be a Judge of the Court of Queen's Bench (for criminal lunacy) and two others members of the Privy Council, with three paid Commissioners, two of them to be physicians, the third a barrister. A Board so constituted must, *per se*, command full control, and an unquestionable authority throughout the kingdom.

"I do not agree with the Royal Commissioners in thinking the services of a lawyer necessary for the object of inspection—it strikes me rather as the reverse—although it might be very useful to have one permanently on the Board, but who would not be debarred from practice. The more particular duties of this legal Commissioner would be to take cognizance of and sit on all important cases "*de lunatico inquirendo*" with one of the medical Commissioners, when the question of insanity was mooted; in other and minor cases, as suggested by the Commissioners, the assistant barrister of the city or county could adjudicate. I throw out the suggestion of *this* Central Board with diffidence and briefly, feeling that it involves matters not immediately within my province, but mainly appertaining to the Lord Chancellor's jurisdiction, and the more particularly in regard to committees and the supervision of lunatics under the Courts.

The measured opinions of Dr. Nugent on private asylums shew in contrast to unmitigated the censure, which the Commissioners have passed upon them in their desire to see them all *superseded*.

"Stringent, however, as the clauses of an Act should be to prevent abuse, I cannot in justice subscribe to the implied doctrine of the Commissioners, or to their unqualified censure of all the private asylums in Ireland. They would seem to think that an undertaking not founded on philanthropic motives would induce the parties embarking in it to act unjustly or dishonestly for the sake of private profit. If this be true, professional men, of every denomination, come more or less under the same category. The professional owner of a private asylum devotes "his time, his labour, and his skill," furthermore, his means and his anxieties, to a particular object; and I see no reason why he should be debarred from deriving a livelihood from the prosecution of an honest industry. If lunatics who, residing with their families, would probably become a perpetual burthen, sources of anxiety and danger, (often too, I fear, objects of gross neglect,) return home from private asylums restored to health—and the recoveries in them average a very fair proportion, whilst the mortality is less than half what is usually considered favourable—surely the professional man under whose care they are placed, and who assumes the responsibility of their charge, deserves remuneration. Knowing besides that some medical proprietors, at the desire of the Inspectors, have expended large sums in additions and alterations—one case I might adduce in which an entirely new asylum was erected at a cost of £4,000—and also aware that patients have been supported for years by the charity of others, I deem it but a matter of justice to state as much."

Dr. Nugent shows that the Commissioners have fallen into an error as to the "insignificant amount" arising from the fees derived from the licenses in asylums, by mistaking the minimum for the maximum. So far from abolishing these fees he would prefer to increase them, charging £10 for the stamp and £1 for each patient *admitted*, not charging for every person *proposed* to be received, as at present.

"If proprietors wish to establish private asylums, it is altogether of their own free will; and the greater the preliminary outlay, the less probability of needy adventurers. And it further appears to me, that all the expenses incidental to the visitation and control of private asylums should be liquidated by their owners, who cause the necessity thereof."

We are not quite prepared to agree with Dr. Nugent in the assumption of his concluding paragraph, that he has introduced nothing into his letter which could possibly give umbrage to the gentleman who signed the report. He has accused them of inaccuracy, and of a decided bearing to censure, which was not to be expected from persons in their high judicial position. It is the more to be regretted, that any room was left for such an accusation, inasmuch as there was no necessity to apply strong terms to facts which spoke for themselves. Of course no one likes to be found fault with, even in a conciliating manner; and Paddy himself could not persuade his friend to relish a broken head because his shellalah was made of rose-wood. But the shellalah of the Commissioners is a black thorn, with the thorns on it; and at Killarney they certainly omitted to salute that blessed stone which sheds the influence of honied speech on the lips of Irishmen. In this respect the report contrasts remarkably with the Scotch report, whose measured and quiet tone moved the public so strongly two years ago. We trust, however, that the utility of this report, as a basis for sound legislature, will not be damaged by any defects in the smoothness of its style, or the suavity of its tone, which have really very little to do with the important questions at issue.

J. C. B.

The Twelfth Report of the Commissioners in Lunacy, to the Lord Chancellor, (ordered by the House of Commons to be printed, 15th June 1858.)

This, the Twelfth Report of the Commissioners in Lunacy, though less voluminous than many of its predecessors, contains, nevertheless, many facts of value to those interested in the care of the insane; and not a few to challenge the attention of the political economist and the philanthropist.

As usual, we gain from it the best statistical information relative to the prevalence of insanity in our population, and are made acquainted with the movements—the number of admissions, discharges, and deaths—which have taken place

in our asylums—both public and private—during the year. But since this book is, doubtless, in the hands of almost all our readers, it would be a gratuitous and uncalled for labour to attempt an analysis or abridgement of it as a whole. Suffice it then to call attention to certain facts and opinions which deserve a particular prominence, or which might otherwise escape the notice of the reader in a casual perusal of the report as printed.

The principal subject of the previous (the Eleventh) Report, was the employment of baths in the treatment of the insane. In the one now before us this much discussed question is not again raised, but the subject, *par excellence*, is the future provision for the insane. The history of every county asylum shows how seriously this matter has been misconceived and miscalculated. There is not a county we think we may assert, in which, the presumed or known insane population has not been doubled during the existence of the present commission. To how many county asylums might we point, built within the period named, even only five, six, or seven years, to accommodate the known number of the insane in the district, plus the calculated increase for the ten or more ensuing years, which are now, long within the presumed time, either overcrowded or have been enlarged, or are in course of enlargement.

For example sake, look to Colney Hatch, built with the flattering assumption that it would meet the wants of Middlesex for some time to come, in conjunction with its large fellow institution at Hanwell, but found, alas! from the date of its very opening, insufficient to afford an asylum to all who could rightly claim it; and leaving, within the passage of five short years, some thousand unfortunate lunatics unprovided for. Look again at the Rainhill, Prestwich, and Abergavenny Asylums for further illustrations of the same fact.

The Derby Asylum might indeed be cited, for although not yet filled, after six years occupation, yet the frequent admissions and the accumulation of chronic cases, coupled with the rapidly increasing population of the county, attendant on the development of its mineral resources, will in another year we apprehend, leave no vacant room for the reception of additional cases, however urgently they may demand the appropriate treatment of the institution. This asylum shows, in fact, that our best authorities, in defining the requisite accommodation,

may grievously err; for here the magistrates were right in their estimates and the Commissioners were wrong. The former, as Dr. Hitchman tells us, (sixth report, p. 14) presented plans for building for 360 patients, with offices to meet the wants of 500; "but," said the Commissioners, "the rate-payers of the county of Derby would be subjected to great and unnecessary expense by provision being made for 360 lunatics, whereas the total number of pauper lunatics belonging to the county of Derby does not apparently exceed 216." To this statement Dr. Hitchman smartly rejoins, "it is surprising that such a statement should have emanated from any Board having acquaintance with the subject of lunacy; because, supposing that there were at that time 216 lunatics in the county, and that the cures in the asylum did not exceed the cures of other hospitals, it would become certain that accommodation would be required for 360 patients—the number specified by the committee—in the course of six or seven years; or the county of Derby would form a remarkable exception to the experience of all other counties in England." Fortunately there were not at that time 216 lunatics who availed themselves of asylum accommodation, or the county would long since have been called upon to correct the mistake of building for only 300.

To multiply such instances as the foregoing, of the inadequate provision for the insane in asylums, after mature consideration and supposed satisfactory inquiries on the part of the authorities, would be an easy task; but the illustrations, already given, are ample to prove that the data upon which calculations have been hitherto based, must be incomplete and erroneous, and more than this, that there must be something wrong in our asylum system. The Commissioners, in the report now before us, have essayed the task of calculating the probable number of insane to be provided for at the close of 1860. Let us examine then, their mode of proceeding, and the data they go upon. They first inquire, what accommodation is at present furnished, and what is in actual course of being provided. The latter, so far as new asylums are concerned, is represented in the following table:—

The Twelfth Report of
Asylums in Course of Erection.

	Number of Patients to whom Accommodation will be provided.		Estimated Cost of Building.			Estimated Cost of Land.			When to be Completed.
	M.	F.	£	s.	d.	£	s.	d.	
Cumberland .	100	100	8000	0	0	20000	0	0	Oct., 1860
Durham .	157	155	4000	0	0	27480	0	0	1st Dec., 1858
Carmarthen .	135	135	3835	4	0*	42000	0	0	Quite uncertn.
Bristol .	100	100	2600	0	0	27400	0	0	1859.
Sussex .	200	200	6920	0	0	44923	0	0†	1st Mar., 1859
Cambridge .	125	125	4670	0	0	45000	0	0	May, 1858
Beds, Herts & Hunts	252	252	15080	0	0	79920	0	0	Uncertain
Northumberland .	100	100	7572	13	6	42427	6	6	1st Sep., 1858
	1169	1167							

* This includes interest to the completion of the Purchase.

† This does not include bedding, furniture, &c.

They next show that, by the enlargement of existing asylums, an increase of accommodation for 2,481 insane is supplied. Add this number to that afforded by new erections, viz., 2,335, and we get a total increase of 4,817. To follow the process of calculation presented to us:—the Commissioners proceed to remark—

“And if, to this estimate of the most recent additions to the public accommodation provided for Pauper Lunatics, we apply the ratio of increase in the numbers requiring accommodation observable during the last year, some conclusion may be formed as to the period for which these additional beds are likely to be found sufficient to meet the constantly increasing wants of the country, and how far they will tend towards the object we have sought most anxiously to promote ever since the establishment of this Commission, namely, the ultimate closing of Licensed Houses for Pauper Patients.

On the 1st of January 1857, the number of Pauper Lunatics in County and Borough Asylums, Hospitals, and Licensed Houses amounted to 16,657. On the 1st of January 1858, this number had increased to 17,572, showing an increase during the year of 915 Patients. And of the total number 2,467 were confined in the various Metropolitan and Provincial Licensed Houses.

Assuming then, that during the next two years the progressive increase in the number of Pauper Lunatics will be at least equal to that of the year 1857, it follows that on the 1st of January 1860, accommodation for 1,830 additional Patients will be required; and if to this number be added the 2,467 Patients who are now confined in Licensed Houses, there will remain, to meet the wants of the ensuing year, only 520 vacant beds. It is obvious, therefore, that if Licensed Houses are to be closed for the reception of Pauper Patients, some scheme of a far more comprehensive nature must be adopted in order to provide public accommodation for the Pauper Lunatics of this country.”

The conclusion that, after the great exertions, and the immense outlay of money for so many years, after the noblest attempts, on the part of most counties, to afford the whole of their lunatic poor the benefits of the best asylum

care and treatment,—it will be found that two years hence, all available room in our asylums will be occupied, and this, too, (for such is the fact,) by chronic cases;—that it will then become necessary to plan for future years; and that, to use the Commissioners' language, some scheme, of a far more comprehensive nature, must be adopted, will surely be a heavy blow, and a great discouragement to our magistracy, and a cause of terrible discontent and complaint with the rate-payers.

Let us, however, revert to the Commissioners' data for their conclusions, that we may examine their accuracy and sufficiency. It does not, to us, appear correct, to calculate the increase, for the next two years, upon that for a single preceding year. Looking to statistics, there is evidently, a great inequality in the relative amount of admissions and discharges, and therefore, the rate of increase year by year; and, as we have before intimated, the increase of inmates in asylums, has much exceeded that reckoned upon where similar data have been employed. A nearer approximation to the truth would be obtained by noting the augmentation of the number of lunatics over a space of several years, allowing for increase of population, and other collateral circumstances. Among the latter, are to be noticed the conditions affecting the material prosperity of the people, the political aspects of the time, and, in the case of asylums newly opened, the influx of patients over and above the estimated number which the history of every such institute illustrates.

To those interested in the subject of lunacy, possessing a mathematical genius, it would form an excellent problem, most valuable in its determination, to demonstrate the arithmetical ratio of increase of chronic cases in asylums. When this is known, which at present it seems not to be, a tolerably accurate estimate may be formed of the size of an asylum, required for an ascertained number of lunatics, and for a known population, allowing for its natural increase. The solution of the problem, indeed, will be only approximative, for there are so many secondary causes in operation, differing in different counties, which are seen to modify the ratio of increase of chronic cases. A reference to the statistical returns, made in the last official report (1857)—Appendices J and K) will indicate this. On comparing, for example, the proportion of admissions and of discharges or deaths, at Hanwell, with that at Colney Hatch, a considerable difference in the relative increase of chronic cases is perceptible.

The want of such knowledge materially affects the value of the calculations under review.

To proceed, the Commissioners, in their estimate, have dealt with the number of insane paupers in asylums and licenced houses only, and have ignored the large number which their own reports show to be resident in work-houses. At the same time, they rightly advocate the removal of the insane generally, from the lunatic wards of the workhouse, to a properly organized asylum, for the purposes of proper treatment, necessary hygienic conditions, and the requisite management. Undoubtedly, the Commissioners will, as in duty bound, urge the transmission of many such pauper patients to the county asylums, and thus fill up many of the vacant places, anticipated by them in their enumeration, for cases occurring in the natural order of events.

Lastly, to appeal to the tables in Appendix H (Report of 1857); we find the yearly progressive multiplication of lunatics greater than that the Commissioners rely upon in forming their estimate for 1860. In the five years between 1852 and 1857, there was an addition of 6,535 insane patients, or rather more than 1,300 per annum. If, therefore, this ratio of annual increase continue until January, 1860,—and if any alteration ensue, a higher figure certainly may be apprehended, the assumption of the sufficiency of county asylum accommodation for all the pauper lunatics of the country in that year, will be found erroneous.

It appears, therefore, from the preceding remarks, that the data used by the Commissioners in their calculation, are insufficient and incorrect.

We have asserted, that the very unlooked for multiplication of chronic insanity, and the crowding of asylums, notwithstanding the vigorous endeavours of the county Justices to secure accommodation and treatment for all who have a claim thereto, indicate something rotten in the system hitherto pursued.

All physicians engaged in the treatment of the insane, concur in stating that the malady is very curable, as a minimum, at the rate of 50 per cent., provided it be brought speedily under treatment. This being admitted, we may next inquire, if this success be attained in our county asylums, and if not, to what cause the failure is owing. The first part of the query is readily answered; the average ratio of cures per cent. is considerably under 50. Reference to the annual reports of our several asylums, or to the special

tables drawn up by the Commissioners in the report for 1857, will make good this statement. Indeed, the excessive accumulation of chronic and incurable cases is, of itself, evidence in the matter. Our second query next demands solution, viz., to what is this failure due? The scope of this present article, and the limits within which it must be restricted, forbid the attempt to fully discuss this most important question; yet, a few thoughts upon it, thrown out for consideration, may deserve a place here. One of the most important causes of the small success of asylum treatment is, that the majority of the cases admitted, have already passed into a more or less chronic condition. This evil happens both from the patients' friends retaining them as long as possible at home, and from the mischievous practice of consigning pauper lunatics, in the first instance, to the workhouse. The former is the result of the mistaken affection of friends; the latter of absurd economical notions held by poor-house functionaries, who, with the hope of escaping the greater charges of the asylum, keep the newly attacked lunatic within the wards, with the vain idea of an early recovery, in spite of every adverse condition, and only transmit him to the asylum when their cherished hopes are blighted, and the unfortunate patient has grown a chronic, it may be an incurable one, and a perpetual charge upon the county exchequer. Other causes are to be found in the plan of erecting large 'refuges,' or gigantic factories, under the name of asylums, where proper and efficient medical and moral treatment are rendered impracticable, and little appreciated, and where routine, and the imposition of labor, constitute the sum and substance of the curative means in use.

A further consideration of the causes operating in the production of the present state of asylum accommodation would be here out of place; nor shall we attempt to point out remedies for it, but restrict ourselves to a few remarks on the sayings and doings of the Lunacy Commission, conveyed in their last report.

The Commissioners have much modified their views with reference to the quantity of land to be attached to an asylum. Speaking of the new asylum for Caermarthen, Cardigan, and Pembroke, designed for 270 patients, and for the site of which forty-six acres of capital land had been purchased, they remark, (p. 6) "the only objection we entertained to the purchase of the site was, that it was not sufficiently large for the number of patients to be accommo-

dated. Our experience has satisfied us that in no case should the land belonging to an asylum be less than in the proportion of one acre to four patients. Taking the numbers for whom accommodation would immediately be required at about 260, the land would only be in the proportion of one acre to six patients."

On comparing the opinion here laid down with that professed in 1847, we find that the average now insisted on as requisite is more than double of what it then was; *i. e.*, one acre to ten patients, as the following extract from appendix E of the Special Report in 1847 proves: "The airing courts, pleasure grounds, gardens and fields annexed to an asylum . . . should, as far as possible, be in the ratio of at least one acre to ten patients." Much might be urged *pro* and *con*, respecting their present estimate; but one objection certainly appears to fairly exist against it, *viz.*, that it fixes an unvarying quantity as absolutely necessary in the case of every asylum, notwithstanding the varying social and industrial characters of the several counties. We, however, forbear opening up the question further, for no doubt the Commissioners' dictum will provoke a lively discussion upon it between the Visiting Justices of Asylums and themselves.

A well deserved commendation is given to the new building for the accommodation of 100 female patients at the Devon County Asylum, the cost of which, including fittings for all the rooms and a kitchen, amounted to only £3,850, or at the rate of £38 per patient: a wonderful reform of our bills for asylum construction, and happily a reform also in their plan, calculated to render our institutions more like what they ought to be, and to break up that slavish system of copying and repeating the costly and ill-suited arrangement of sleeping and day-room accommodation in wards on each floor.

The Commissioners revert to the plans of enlargement, now in progress at the Colney Hatch and Hanwell Asylums, and by re-stating their opposition to them as still persistent, have so far entered a protest against the perpetration of such objectionable proceedings. We are, indeed, sorry that their opposition did not avail, and that the Middlesex Justices were able to win over the Home Secretary to their side, and to induce him to reject the recommendation of a Board constituted to act as the advisers of Government in all that bears on the treatment and management of the insane. We deeply regret the result on the part of the poor patients

themselves, on that of the rate-payers, and on that of the medical profession ; for, in the eyes of foreigners, a profession which cannot resist having forced upon it a proceeding at variance with its almost universal opinion by a knot of county magistrates, must appear of little weight and be little appreciated by the people and Government of the country.

Guy's Hospital figures for a brief space in the report. It seems that its Governors have resolutely determined to close the lunatic ward. Considering only its site and structure, this event is not to be deplored ; but when we view in its fall the loss of a fund designed to relieve the insane of the middle-class, just at a period when that class is so ill-provided with asylum accommodation, we can heartily join in the regret expressed by the Commissioners at the circumstance. It could have been wished, that the proportion of the hospital revenue appropriated by Guy to the maintenance of the lunatic ward, should have been applied to the erection and endowment of a small asylum in the vicinity of London, for the middle-classes ; but we believe this most desirable plan cannot be carried out, because by the technical interpretation of the founder's will, the lunatic ward is to be a portion or section of the general hospital, and not removable elsewhere.

The working of the Lunacy Act with respect to the Boroughs of this country, and the kind and extent of the provision made for their insane poor, form a leading topic of this report ; further illustrated by an appendix. On these matters the present position of affairs is not satisfactory, and there seems good reason, now that the county asylums are generally overcrowded or overgrown, that the boroughs should undertake, as the act permits, the erection and maintenance of asylums for their own lunatics, either singly, if their requirements warrant it, or several in union. The carrying out of this scheme would mitigate the growing evil of county asylums out-growing themselves ; and would furnish us with small, manageable asylums, which might be houses of cure as well as houses of detention or refuge.

Only four boroughs as yet have asylums of their own, *iz.*, Birmingham, Bristol, Haverfordwest, and Hull. Two others are about to erect their own : Maidstone, and the city of London. Sixteen boroughs are in union with counties ; eighteen are under contract or arrangement with the Visiting Justices of County Asylums ; eight "under contract or agreement not formally entered into under express pro-

visions of any statute"; and twenty-four "which have not made any statutory provision for the care of their pauper lunatics," but generally contract for them with private establishments, often at a great distance.

The position of the insane poor belonging to boroughs in the last category is often very painful. A striking illustration is given in the case of Ipswich, which sends its pauper lunatics to London, a distance of seventy miles, at a cost of £4, and at the weekly charge of 14s.; "the patients," adds the report, "are never visited by, or on behalf of, the guardians, and of course very seldom by any relative or friend." The guardians, in special cases, occasionally assist the relatives indirectly. In one case, where an unfortunate female patient was continually crying out for her husband, he was enabled to visit her by accompanying the relieving officer as his assistant in taking another patient to the asylum. The authorities of the borough of Ipswich are compelled to contract with a private asylum, since the Justices of the Suffolk County Asylum decline to receive their pauper insane; and other small boroughs appear to be in the same predicament. To remedy this state of things, the Commissioners propose to repeal so much of the act as gives power to the Visiting Justices of the County Asylums to refuse the patients from any borough in the same county, and to make the power of the Secretary of State paramount in enforcing an agreement for their reception; provided always that the County Asylum is capable of affording them accommodation, or of being conveniently enlarged for that purpose.

There seems to be no potent objection to this amendment of the law, except so far as it tends to centralize the authority over lunatic asylums in the Government, and to lessen the magisterial control. A remedy is evidently wanted, and we hope that, if the Commissioners carry their proposition, they will not countenance the prevailing tendency to enlarge asylums into refuges for incurables, and institutions for promoting chronic insanity.

Another topic of the report deserves notice, viz., the number and condition of single patients. The Commissioners evidently feel they are treading on uncertain ground in this matter, and that the exact knowledge of this class of patients eludes their grasp. They rather mournfully repeat the burden of past reports on this subject, and say that,

"Our experience on this head during the past year, in short, has confirmed the impression we have long entertained, that a very large number of Insane

Persons are taken charge of by Medical Men and others without any legal authority; and, judging from the cases which have come to our knowledge, we have reason to fear that the condition of such Patients, deprived as they are of all independent supervision, is far from satisfactory."

Our experience quite accords with theirs on this matter, and the advertisement sheet of every newspaper and periodical might be adduced in confirmation, were that necessary. Hosts of medical men with larger houses than means; scores of parsons with small cures and large philanthropy; not a few lawyers whose rich clients are not bad lodgers; numerous discharged asylum attendants who cannot cease their interest in the insane when its persistence is to their interest; and many widows, spinsters, and others of Her Majesty's subjects, whose finances are not the best, seek and derive no small advantage from the frailty of human nature's cerebral organization. The possible and probable condition of some of the many insane persons thus disposed of is, doubtless, as the Commissioners remark, far from satisfactory; how far from satisfactory who can tell? for the helpless prisoners are unknown to their supposed legal protectors, and oftentimes unable to get a hearing beyond the walls of their house of confinement; without, it may be, a relative or friend to look after their welfare. Assuredly some machinery is necessary to bring all these cases under the cognizance of a public Board; much study and labour are undoubtedly wanted to contrive it satisfactorily; but it is a pressing want of the day and must be done.

Before concluding we must briefly advert to the grievances mentioned in the report. The Haverfordwest Asylum must be well known to our readers by the many complaints, reiterated year after year, of its condition and management. But it seems that the recommendations of the Commissioners were not heeded, and that the medical officer was so incorrigible that he was at length superseded; and we must say, from the evidence adduced, that the course adopted appeared inevitable.

An inquiry was instituted by two members of the Board respecting a reported case of ill-treatment at the Northampton Asylum, which resulted in the dismissal of three attendants, and in the carrying out of the recommendations of the Commissioners to improve the Refractory Ward and to appoint a head-attendant.

Lastly, we regret to find that the Idiot Asylum, near Reigate, continues unsatisfactory to the Commissioners in many details of management, and an unfavourable report

of it figures in an appendix. The need and advantages of such an asylum are so great, that it is with pain we read the statement of its defects, repeated, as it is, from the previous year's report. We fear that the good cause will be injured by the publicity of such details.

Subjoined, is the summary of the number of insane patients in the various institutions, public and private, of this country, which always forms a valuable chapter of statistics in each report.

	<i>Private</i>			<i>Pauper</i>			<i>Total Males</i>	<i>Total Females</i>	<i>Total Lunatics</i>
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>			
Asylums	134	96	232	6797	8134	14931	6931	8232	15163
Hospitals	818	759	1577	95	79	174	913	838	1751
Metropolitan Licensed Houses	676	630	1306	490	827	1317	1166	1457	2623
Provincial Licensed Houses	754	743	1497	603	547	1150	1357	1290	2647
	2383	2230	4612	7985	9587	17572	10367	11817	22184
Royal Naval Hospital	126	.	126	.	.	.	126	.	126
	2508	2230	4738	7985	9587	17572	10493	11817	22310

	<i>Found Lunatic by Inquisition</i>			<i>Criminals</i>			<i>Chargeable to Counties or Boroughs</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Asylums	10	2	12	224	79	303	590	664	1254
Hospitals	18	13	31	98	20	118	.	.	.
Metropolitan Licensed Houses	64	58	122	29	6	35	47	56	103
Provincial Licensed Houses	79	51	130	139	38	177	57	76	133
	171	124	295	490	143	633	694	796	1490

In conclusion, we would gratefully acknowledge the eminent services rendered by the Commissioners, if only by their annual reports, to our knowledge of the requirements of the insane, of the necessary constructional details of asylums, of the rules which ought to guide us in their management, and of the statistics of the insanity of the country. These benefits we have derived, besides those others which have followed from their office of Inspectors and Visitors of asylums, and which manifest themselves in

the extension of the humane system of treatment, in the attention everywhere given to the comfort, amusement, and employment of patients, in the superior status allowed to the medical man, as superintendent, and generally in the overthrow of the multitude of abuses and irregularities which years of neglect had fostered, more or less, in every institution in the country, devoted to the care and treatment of the insane.

However much, therefore, in the exercise of an independent judgment, we may, at times, differ from the Commissioners, on some points of opinion or practice, we never lose sight of the good work they have already accomplished, nor of their doubtless honest and earnest efforts to thoroughly and efficiently discharge their responsible duties.

J. T. A.

Notes on the Prognosis in Mental Disease, by C. LOCKHART ROBERTSON, M.B., CANTAB., Medical Superintendent of the Sussex Lunatic Asylum, (Hayward's Heath) and Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane.

[This paper was intended to have been read at the December Meeting of the Brighton and Sussex Medico-Chirurgical Society, of which the writer is a member. His aim was to present a brief outline of the data on which the physician has to form his prognosis in cases of mental disease, and he makes here no pretensions to add any new facts to those already familiar to the Psychologist; his object was rather to put together a few observations on this important subject which might interest his professional brethren—members of the society—engaged in the more general practice of medicine, and to serve to raise, during that evening, an interest in the probable results of treatment in his own specialty. Circumstances having arisen to prevent the communication being made in the proposed form, it is here printed in the hope of directing the attention of the members of the Association of Medical Officers of Asylums and Hospitals for the Insane to the many important questions in the general prognosis of mental disease, which their daily practice enables them to observe and to solve with a fulness and accuracy which the writer cannot hope from his own limited experience to have here attained.]

Georget in his essay *De la Folie* commences his short section of five pages on the Prognosis of Insanity in the following words:—"J'ai peu de données positives sur le pronostic de la folie; en général il est difficile de déterminer de prime abord et souvent dans le cours du traitement le degré d'espoir qu'on doit avoir pour la guérison, tant qu'il ne survient pas des

changemens favorables dont j'ai parlé. La grande habitude de voir de ces malades donne bien la possibilité de faire des conjectures plus ou moins probables ; mais les signes sur lesquels on se fonde sont encore trop variables, trop peu caractéristiques pour servir à établir des regles fixés ; le temps seul peut dans le plus grand nombre de cas nous donner la certitude de l'incurabilité."

It has seemed to me that the thirty years' successful study of mental disease, which owed its rise to the French school, of which Georget, Pinel, and Esquirol are the representatives, has weakened the force of this statement of Georget's ; and that we have attained to a greater facility of prognosis in cases of insanity than he would here lead us to suppose.

It will be my object to trace in outline the grounds on which I believe this more accurate prognosis of insanity may be based.

The importance and value of a sound prognosis in cases of insanity can hardly be exaggerated. Dr. Conolly has, in the following passage,* well stated in its various bearings on the patient and on his friends the influences of our prognosis :— "One of the most anxious questions," he says, "and one the most constantly put to the medical practitioner by the friends of a patient attacked with insanity, relates to the probability of recovery ; and it is one to which the experience of few medical men engaged in the treatment of the general disorders of the body enables them to give a satisfactory reply. Yet there are no diseases in which some preparation for the result is more important to the patient's relatives than those affecting the understanding. To a parent, whose son or daughter manifests aberration of mind at the very time of life when they are expected to exercise the mental faculties usefully, or to appear in the world successfully ; to the wife and children of the professional man, of the merchant, of the tradesman, on whose exertions all the prosperity of the house depends, and who has become insane ; to a military man, whose whole fortune is invested in his commission, and whose brain has become morbidly excited ; to the husband whose wife, soon after becoming a mother, has become the subject of puerperal insanity ; to the children of aged persons, whose unwonted eccentricity is the commencement of senile mental decay ; the reply of the physician to the question of the probable recovery of the patient, either creates the hope which sustains them in

* Transactions of the Provincial Medical and Surgical Association, volume of 1851.

a great trial, or determines numerous arrangements in order to avert the entire ruin which the visitation may bring in its train."

We have two distinct questions in our prognosis of insanity to solve. The one relates to the probable recovery of the patient, and his return to his place in society; the other to the influence which his mental disease will exert over the years otherwise allotted to his period of life. The subject thus divides itself into—

I. THE PROSPECT OF CURE.

II. THE EXPECTANCY OF LIFE.

I shall, therefore, proceed to view the several aspects of mental disease in their influence on these two elements of its prognosis.

I. THE PROSPECT OF CURE.

The most important of the two questions, which in our prognosis of mental disease, we are called upon to determine, is the probable prospect, in any given case, of a restoration to reason, or whether we must lead the anxious and sorrowing relations and friends to look forward only to the dismal view of a life of confirmed insanity, and so make arrangements for ever to shut out the object of their cares from the domestic circle. An opinion, fraught with such consequences to our patient, must be attended even in the simpler forms of the disease, with great anxiety.

Towards determining this question, the statistics of insanity hitherto published, are of very little value. There is such a hopeless jumble between the cases discharged, cured, and relieved; such difficulty in tracing out the future history of those, said to be cured, that all deductions on the prognosis, drawn from a statistical point of view, must be received with extreme caution, not to say suspicion.

Our aid lies rather in those undefined laws, worked out in each physician's mind, by his personal familiarity with the varied phases of the disease, and rendered, by long habit, almost as much part of his mental constitution, as are the intuitive perceptions of original consciousness.

My endeavour here will be to establish, from these practical impressions of the changing features of mental disease, a few general rules, applicable as aids to our prognosis. These may, with advantage, be classified under the following sections:—

1. *The Form of Insanity.*
2. *The Duration and Course of the Disease.*
3. *The Age, Sex, and Social Condition of the Patient.*
4. *The Exciting Cause, and Physical Complications.*

I shall, therefore, divide my notes on the prognosis of insanity, as it relates to the prospects of cure under these four sections.

1. *The Form of Insanity*

The most important element in our prognosis, is the form or class of symptoms which the mental disease assumes. Hardly any systematic writer has adopted the exact classification of his predecessor, however much he may otherwise have profited by his labours. The field, from its very vagueness, is tempting, and a clear looking tabular view of some dozen varieties of the disease, bears, to the uninitiated, a very learned aspect. Hence, every writer on mental disease, German, French, and English, has suggested some new variety, or even urged high physiological grounds for the general adoption of his own special classification.

It will suffice for my present object, to follow that of the authors of our latest and best English manual.

Drs. Bucknill and Tuke classify thus, the several forms of insanity.

- | | |
|------------------------|--|
| 1. Idiocy | |
| 2. Dementia | { Primary.
Secondary. |
| 3. Delusional Insanity | { of a melancholy character.
of an exalted character.
of a destructive character. |
| 4. Emotional Insanity | { Melancholia without delusion.
Mania, with great extravagance
of conduct (moral insanity.)
" with disposition to homicide.
" with disposition to suicide.
" with disposition to theft. |
| 5. Mania | { Acute.
Chronic. |

All the above forms of mental disorder may be complicated with general paralysis, or with epilepsy.

The prognosis is very varied in these several forms of mental disease.

Idiocy.—Here the prognosis is painfully simple. The disease is one of congenital deficiency. The idiot is one having the form of man, without his divine attributes of mind, nay, one in whom the very functions of organic and animal life are deficient. Nutrition is imperfect; the power of reproduction void; all sense of external impressions blunted; and voluntary muscular action so enfeebled, that the idiot has sunk even beneath the level of the animal and vegetable world, deprived of the exercise of every function, so that, without extraneous aid, he would perish from simple lack of nourishment.

There can be no cure of idiocy, properly so called. A steady drill would appear to have the power of imparting habits of cleanliness and order. Kindness may win a certain degree of recognition from him, and a little mechanical skill may, with much labour, be imparted to him. Beyond this, I fear, our prognosis must be very gloomy. Dr. Gügenbuhl's stories, and vaunted cures, have tended to raise in England, hopes of greater improvement in the idiot, than experience hitherto warrants us in prognosticating.

Dementia.—The larger proportion of the inmates of our asylums are in a state of Dementia. It is the end of most phases of confirmed mental disease; the dreary bourne to which the majority of our chronic cases are tending, should organic life so long last out. A considerable proportion of the patients in asylums for the insane, says Dr. Tuke, afford examples of dementia, in its various stages, from its slightest and most incipient form, to that in which the patient has no longer any just perception of the objects around him; can no longer reason; has completely lost the comparing faculty, and has left to him little more than the functions of vegetable and animal life.

In confirmed secondary dementia, our prognosis is hopeless. The strife between mental health and death, was fought out long ago, when other forms of the disease were supreme. This present state of dementia is but the prostrate form of the mind, vanquished in the conflict, and never again to rise to life and thought. Wearily, step by step, must every attribute of the mind pass by, until, in some blessed hour, death removes from the scene the poor wasted form of him, who ruled, perhaps, in the day of his mental power, one of the great domains of thought. Cure, or hope at least, in confirmed secondary dementia, the physician has none to offer.

But there are two forms of apparent dementia, which we must guard against confounding with the confirmed stage of

the disease. The one, is that utter mental prostration following an attack of acute mania, and which often results in entire restoration to reason. The other form is complicated with acute melancholia, or rather, is a symptom of it, and is not, necessarily, or even generally, incurable. In both instances, the dementia is apparent, not real; it is a temporary loss of power, not real annihilation of mind. Indeed, after an attack of acute mania, this stage of apparent dementia is a hopeful symptom, as was long ago observed by Dr. Haslam. "After a raving paroxysm of considerable duration," he observes, "it is a hopeful symptom if the patient become dull, and in a stupid state; inclined to sleep much, and feeling a sense of quietude. This appears to be the natural effect of that exhaustion, and if the language be allowable, of that expenditure of the sensational energy, which the continual blaze of furious madness would necessarily occasion. When they gradually recover from this state, there is a prospect that the cure will be permanent."

The prognosis of confirmed dementia, on the other hand, is hopeless; whether primary or secondary in its origin. The gradual decay of all the mental powers, from slight weakening of the memory of recent events up to a total loss of the power of association of ideas, so that the patient fails to reply to the most simple question, and all the symptoms supervening gradually one upon the other, enable us readily to distinguish dementia, from the complications of mania and melancholia simulating its symptoms; without, fortunately, sharing its unfavourable prognosis. When to these increasing symptoms of mental decay, is added, in secondary cases of dementia, a steady improvement of bodily health, the prognosis is even more unfavourable.

Delusional Insanity.—The following definition^{*} of delusional and *emotional* insanity, is given in Dr. Tuke's classification, which, for the sake of uniformity, I am following. "From dementia—which with idiocy, cretinism, and imbecility, belong to deficient or depressed conditions of an intellectual constitution—we pass to monomania and delusional insanity; which, for the most part, exemplify undue intensity and exaltation of the conceptive and perceptive faculties. Monomania, or partial insanity, is characterised by some particular illusion or erroneous conviction impressed upon the understanding, and giving rise to a partial aberration of judgment; the individual affected is rendered incapable of thinking correctly on subjects connected with the particular illusion, while, in other respects, he betrays no palpable disorder of the mind."

Its allied form—emotional insanity—is thus spoken of by Dr. Tuke:—"Dr. Carpenter, regarding the subject simply as a physiologist, arrives at the same conclusion as that to which we are conducted by observation, namely, that there may be no primary disorder of the intellectual faculties, and that insanity may essentially consist in a tendency to disordered emotional excitement, which affects the course of thought, and consequently of action, without disordering the reasoning processes in any other way than by supplying wrong materials to them. Moral insanity may, and frequently does, exist without any disorder of the intellectual powers or any delusion whatever."

The notes I shall have to make on the prognosis of delusional and emotional insanity will be best thrown together, as the two forms of disease run often one into the other, and, by so doing, materially influence their prognosis.

The great distinction to be drawn in the prognosis of delusional insanity lies in discriminating the cases where the delusions have supervened on disordered emotion, where perversion of the moral feelings have preceded the intellectual disorder, from those cases where the delusion is the primary disease. In the latter instance the prognosis is generally favourable, in the former it is quite the contrary. Cases of simple delusion are frequently met with in asylums, and seem to get well under a few months steady employment, without any other treatment. The delusion would appear gradually to fade away by merely suppressing its external manifestations, and counteracting them by new objects of thought and occupation.

Still we often find even slight delusions may be very persistent, and therefore our prognosis, even in the simpler forms of delusional insanity, must always be guarded. Especially does this apply to cases of delusional insanity on religious subjects, which some way are always more persistent and difficult of cure. They are more or less complicated with emotional disorder—a complication which, as I have just added, is almost invariably of unfavourable prognosis.

The unfavourable prognosis in all cases of religious delusions would appear to arise from the strong hold which the emotions, awakened by the religious sentiment, exert on the thoughts and conduct—an influence not the less strong if those emotions be of a disordered kind, and not the less leading the patient to oppose^d himself to all inferior and opposing springs of action; the operation of which, in other forms of delusional insanity not being resisted, are often the way and means to a cure.

In all cases, indeed, of delusional insanity, the difficulty lies in counteracting the morbid springs of action which control the patients' thoughts, and so produce the delusions; and all experience alike with those of sound mind who have given themselves over to one absorbing passion, as with the insane who become the prey of such powerful emotion, is, that efforts to restore the just balance of thought and judgment are hard and often futile.

Ideler, in his great work *Grundriss der Seelen Heilkunde*, has some very elaborate and interesting sections on the relation subsisting between perverted emotion, and delusional insanity.

Feuchtersleben, speaking of delusional insanity, observes, "Fixed delusion often affords an unfavourable prognosis, particularly the melancholy. The cheerful is considered more hopeful; the religious is particularly difficult of cure, because it depreciates every curative motive, by the indefinite nature of its object; but experience has shewn that it is not incurable, as has been sometimes affirmed. The ambitious is, likewise, difficult of cure, because the patient is not easily subdued, yet neither is this incurable; but the union of both, which frequently occurs, is very unpropitious.

Esquirol, in his aphorisms on the prognosis of insanity says, "Les folies causées ou entretenues par des idées religieuses, par l'orgueil, guérissent rarement. Les folies entretenues par des hallucinations sont très difficiles à guérir."

"The majority of patients in all asylums," says Dr. Conolly, "are those who entertain some delusions which may either be consistent with their general tranquility, or the cause of occasional paroxysms of violence. The delusions in such cases usually continue until death; sometimes, indeed, disturbing the last hours of life."

Farther, when in delusional insanity, hallucinations either of sight or hearing are present, the prognosis becomes very unfavourable. Indeed the character of the hallucination may impart a most alarming feature to the disease, as when the patient hears voices ordering him to kill his wife or child, or to commit arson or suicide. These cases are not unfrequently the subject of discussion in our courts of law. The prognosis here is always unfavourable, and the practitioner should peremptorily insist on such a person being without delay removed to some place of safety: a single day may end in some tragedy. York Minster was fired by such a patient, and many a horrible murder has, under a similar form of delusional

insanity, been committed ; the patient to all appearance being otherwise fit to be at large and to control his conduct.

I have printed, as a note to this paper, an extract from a recent tale of great power, *Paul Ferrol* ; in which the complications of delusional insanity with hallucinations is very ably sketched.

An anxious subject of Prognosis are the forms of delusional and emotional insanity complicated with a suicidal tendency.* When it is the result of a fixed idea, connected or otherwise with delusional insanity, this suicidal tendency is always a formidable complication. The frightful dexterity of the insane in accomplishing their end, often sets the most careful watching and precautionary measures at defiance. When on the other hand it is a simple impulse, the result of some present irritation, bodily or mental, the removal from the scene of annoyance and the employment of remedial agents often effects a cure. The distinction between a suicidal tendency, the result of a fixed idea and plan, and that arising under some sudden impulse, must be borne in mind in forming our prognosis.

The following remarks of Guislain are worthy of attention, and comprise all I would desire to add on the prognosis in cases of suicidal mania.

Suicide (he says) is generally a very serious complication, viewed either in its consequences or from the great watching which it demands. Yet it is far from being an incurable form of mental disease ; indeed many suicidal cases recover. These chances of recovery depend entirely on the general pathological character of the disease. When it takes its origin from a distinct suicidal idea, our fears must be great as to the issue ; the disease here lasts long, the patient conceals his deadly purpose, and avoiding the vigilance of his attendant, too often succeeds in committing the act.

If, on the other hand, the desire of suicide arises during the course of an attack of melancholia, the chances of recovery are fair ; it suffices, generally, carefully to watch the patient, and to await in hope the course of the disease.

When under an attack of mania a suicidal tendency arises, the prognosis is even more favourable ; but when it is a reflex determination, the end, as I have just said, is generally fatal.

* According to the last Return of the Registrar-General, "1,038 suicides were returned annually so as to be distinguishable in the register, which is probably less by a tenth than the number actually distinguished. Hanging is the most common form of suicide ; cut-throat and drowning stand next in the order of frequency. Eight-tenths of the suicides are committed in one of these three ways."

Cases in which the attempt at suicide has just failed in its object, often afterwards recover. Sometimes, however, such cases again and again attempt to commit suicide, after having just missed of one effort.

Thus, taking all matters into consideration, we must conclude that the prognosis, in cases of suicidal tendency, is always difficult and uncertain.

Melancholia.—Esquirol's definition of this form of insanity, as quoted by Dr. Tuke, may suffice for my present purpose. Melancholia is a cerebral malady characterized by partial chronic delirium without fever, and sustained by a passion of a sad, debilitating or oppressive character. A definition (Dr. Tuke adds) sufficiently accurate if we except the "chronic delirium;" disorder of the intellect not being an essential part of the disorder.

The prognosis, in this form of insanity, is more favourable than would at first sight appear. Esquirol, in his well-known aphorisms of the prognosis of insanity, and which have been again and again copied, and adopted by subsequent writers, states this form of insanity to be less curable than mania. This opinion was shared by the older writers. Thus Haslam (*Observations*, pp. 257), says that, "patients who are in a furious state, recover in a larger proportion, than those who are depressed and melancholic. One hundred violent, and the same number of melancholic cases, were selected; of the former, sixty-two were discharged well; of the latter, only twenty-seven: subsequent experience has confirmed this fact. The same investigation on the same number of persons has been twice instituted, and with results little varying from the originally stated proportions."

This unfavourable prognosis of melancholia is hardly borne out by modern experience. The probability of cure in a recent case of pure melancholia, *i. e.*, not complicated with any intellectual delusions, is about as favourable as in similar cases of recent mania. The experience of the Retreat during forty-four years, supports this opinion. There, 54.8 per cent. cases of melancholia, and only 53.4 per cent. of mania recovered.

The explanation of the unfavourable prognosis of melancholia of the older writers lies, partly, in their including under that term, the cases of delusional insanity, of which I have above spoken, and in which, as in all cases of partial mental disorder, the prognosis is much less favourable than in general disorder of all the mental powers; and partly, also, the explanation lies in our modern treatment, being more

adapted to the cure of pure mental depression, than were the proceedings of either Esquirol or Haslam, and also to the greater facility afforded by the very nature of the symptoms, to the curative treatment in private practice, of the milder and more recent forms of melancholia.

In M. Guislain's admirable clinical lectures on mental disease, I find the following statement in support of the favourable prognosis, which I have ventured to state, as pertaining to recent pure melancholia. "On ne peut," he says, "se défendre d'un certain étonnement en voyant la plupart des écrivains envisager la mélancolie comme une vésanie qui ne se guérit que très rarement. C'est ainsi que Lorry, qui a écrit sur cette maladie deux gros volumes dit en terms formels: *melancholiæ curatio perdifficilis*. Cette sentence a été reproduite bien des fois. Pour moi je range la tristesse morbide parmi les affections mentales qui admettent le plus souvent une terminasion heureuse. Il est aussi l'avis du docteur Flemming auteur d'un mémoire sur le pronostic des maladies mentales: il dit expressément que la mélancolie est une des aliénations dont la guérison est la plus facile."

Even when melancholia is connected with a suicidal tendency, our prognosis of cure is still favourable, should our precautionary measures, in the mean time, succeed in preventing the contemplated act.

* Griesinger, one of the most sensible German authors on mental disease, expresses the same opinion as to the favourable prognosis in pure melancholia. "Melancholia in its pure form," he says, "I agree with Flemming, in regarding as more curable than mania, and this, contrary to the opinion of Jessen, Ideler, Falret, Ferrus, Haslam, Rush, &c., who all regard mania as the most curable form of insanity."

When melancholia occurs in persons of a certain age, it is often merely the beginning of death; the energy of the brain is diminishing or dying, and so the patient passes into a state of acute dementia, ending in early death.

The complication of pure melancholia, with illusions or delusions, render the prognosis less favourable. These complications are often of a very distressing kind, bearing reference to the patient's state of salvation, to his possession by Satan, or, again, to some imaginary or hopeless bodily ailment, as stoppage of the passage of the bowels, or the passing of all nourishment taken, on to the lungs, &c., &c.

Dr. Conolly regards this form of melancholia as of more favourable prognosis in women than in men, from its being,

* Die Pathologie und Therapie der psychischen Krankheiten.—Stuttgart, 1845.

in the former instance, complicated, with forms of uterine or ovarian excitement, within the control of art, and on the abatement of which, the mental affection is very likely to disappear.

I make no apology for repeating, in full, his observations on this point. All Dr. Conolly's contributions to the practical treatment of insanity are of such value, that we can only regret their limited extent, while gladly availing ourselves of what he has given us, from the results of his long and thoughtful experience, in the management of the insane.

"Instances," he says, "of delusions of a religious character are very frequent in women of every class. They are associated with ideas of self-destruction, and present an aspect which would lead one to pronounce them hopeless forms of melancholia. A very common idea among the subjects of this malady is, that of having received the sacrament unworthily, and sinned against the Holy Ghost. 'Every one else,' they say, 'may have hope, but they can never be forgiven.' Others, they admit, may fancy such things, but in their case it is real; and to use remedies is idle, if not impious and sinful. *In truth, however, the patients often recover from this form of malady, which I am convinced has its origin, in a majority of instances, in uterine or ovarian excitement; the removal of which excitement, by remedial means, may be followed by a restoration to mental health.* These cases occur in women of various ages between fifteen and fifty; and when the physical symptoms can be recognized, the prognosis in them may generally be favourable. Sometimes the irritable condition of the uterines or ovaries, particularly on the cessation of the catamenia, suggests delusions in the patient as of flames burning, or an animal gnawing in the pelvis; and although the patients are fearfully agitated, these cases also are generally curable. In one case, in which a woman had a constant delusion that Satan was holding her by 'the small of the back,' the relief afforded by local treatment was followed by complete deliverance from a delusion which had tormented her for years. The form of melancholia which occurs in women of forty-five or fifty years of age is usually obstinate; but after a time, sometimes after two or more years, the patient recovers. Melancholia occurring in men about the same age is less hopeful, and often indicates a general breaking up of the constitution. They become feeble, inactive, and often weep, and are extremely distressed; and after a time die of pulmonary consumption or apparently worn out and atrophied. In other cases in men, two or three attacks of melancholia are recovered

from. Generally the intervals between each attack are shorter, and the successive attacks are longer. It is possible that our prognosis, in some of these instances, would be more favourable if symptoms of bodily disease of a curable nature were present. Their connection with disordered conditions of the stomach, liver, or intestines, are in many cases during life merely conjectural. Disease of the heart sometimes obviously attends them, but affords too little scope for successful treatment to make the prognosis more encouraging."

When melancholia alternates with attacks of mania the prognosis at once becomes more unfavourable. Indeed all these alternating and remitting forms of mental disease generally pass from bad to worse, and end in confirmed secondary dementia, far away beyond all hope of cure, and the limits of the most sanguine prognosis.

Mania.—Passing from the several forms of partial insanity we come to that most familiar form of mental disease—mania. Here the emotions and the intellectual powers are alike disordered. One or more of the passions are always exalted in mania; and, as Dr. Tuke observes, "a furious condition, although not constituting an essential symptom, is very generally present in the acute form." To this condition is added, with very few exceptions, marked disturbance of the intellectual faculties; and then we have the familiar symptoms of ordinary acute mania.

The direct tendency of mania is to cure or to death. The passing of acute mania into the chronic forms of insanity is, so to speak, an accidental result, and not the natural course of the disease. The tendency to death is from sheer exhaustion; or which is, after all, but another symptom of the same physical state, from cerebral effusion. A knowledge of the ordinary laws of life and death will guide our prognosis in this question.

Should life survive, the direct tendency of the disease within a couple of months is to a cure; and our prognosis will consequently in recent mania (of which alone I am now speaking) be favourable, unless some special indication to the contrary exist. These unfavourable indications may be thus stated.

(a) *Physical.*—When, during the transition stage, which marks in this disease the return of reason, and in which we have often during anxious weeks, day by day, nay, hour by hour, to watch the case and guard against relapse; when here the bodily health mends, and the patient grows stout and looks healthier, without an equal mental amendment, the prognosis becomes so far unfavourable. When also the physical powers

become blunted, when the pupil is sluggish, when the patients can stare unmoved (as they often do) at the sun, when the senses of smell and taste become more or less obliterated, and when this state of physical depression is accompanied by continued mental exaltation, by insane laughing and talking, the case begins to look unfavourable. Indeed, although in recent acute mania this laughing and shouting is a symptom of no moment; still, when it at all persists, it is of a much more unfavourable prognosis than the opposite state of emotional depression and sadness, which attends the curable cases of recent mania.

Again, the long continued absence of power over the sphincters, and hence of involuntary evacuations (although a symptom of recent acute mania) looks bad; and almost alone points to the passing of the disease into chronic mania. There is often, in such cases, of great slowness of speech, and loss of all expression in the face, with an apathy to all around, and an indifference to the daily objects of life.

When in the female sex, the uterine functions become re-established, without a similar mental improvement, the prognosis is very unfavourable.

(b) *Mental*.—When a case of acute mania is going to terminate in a cure, one of the most favourable symptoms is, the return of the emotions and feelings to their natural condition. Enquiring after relations and friends regret for past violence, tears and sorrow at their present sad forlorn state, is always a favourable symptom, and even, if an hour afterwards, the incoherence and violence return, we may still augur well of such a case. On the other hand, when the mind becomes calm and collected, and the feelings the while unmoved, that case will probably not recover, but pass into some very troublesome form of slight chronic mania, and continue for years, perhaps, a clever, but dissatisfied patient. Guislain, in his *Leçons Orales* observes—“Mais que les affections du cœur, que l’amour de la famille réparaisant, que l’aliéné vienne à s’informer de ses affaires c’est généralement d’un heureux présage. Je reconnais là le premier indice de la convalescence alors même qu’une foule d’actes morbides persistent encore. M. le docteur Voisin médecin à l’établissement de Vanves énonçait une incontestable vérité quand il disait que le retour de la raison, de la faculté de raisonner, n’annonce pas la guérison du malade surtout lorsqu’il se fait brusquement et que son cœur reste sec—je me sers des expressions de l’honorable médecin. Dans ce cas l’aliéné

n' est pas rétabli et il ne le sera que quand il s' informera avec sollicitude de sa famille."

The state of the affections will always be an element in our prognosis, of even more importance than the condition of the intellectual powers. The restoration of the latter to their healthy state, will only then strengthen a very favourable prognosis, when, at the same time, the affections and moral feelings return to their natural condition. Their disorder is generally the first evidence of approaching mania, and it is in their restoration to a healthy state, that the basis of a favourable prognosis is mainly to be sought. "The complete restoration of the affections," says M. Falret,* "is a much more positive indication of real convalescence, than is the cessation of intellectual aberration. The return to the control of his moral affections within proper bounds, his desire to see his children, his family, his friends, to shed tears of sensibility, to open his heart, to be restored to the bosom of his family, and to return to his former habits, are so many certain signs of cure in a patient, just as the contrary symptoms betoken approaching insanity, or an impending relapse. The decrease of insanity is only a certain sign of cure, when, at the same time, the patient returns to his old affections. Thus the cessation of delusions, the restoration of attention, of memory, and of judgment, will not, in themselves, authorize us to pronounce a patient convalescent, it is still more necessary to ascertain the awakening of his affections and moral qualities. It is in the region of the sentiments that insanity generally makes its first appearance, and it is by the re-establishment of these, that convalescence must be announced. Nevertheless, we must be upon our guard against an inordinate eagerness on the part of the patient to see again the person and things that were formerly dear to him, and against an exaggerated zeal in the performance of duties that have been neglected. Pinel justly speaks of such extreme sensibility as being an indication of relapse."

This last observation regarding the substitution of a morbid sensibility, in place of perverted or suspended moral emotion, must always be had in view, when, a return of the play of the affections leads us hereby to form a favourable prognosis in mania.

As regards that form of insanity which follows child-birth—*puerperal mania*, the prognosis is generally very favourable.

* Dr. Blount's Translation, Part I. When may we hope for Part II. of this well-executed undertaking?

If the patient live she ought to recover, and the mortality in this disease is not high. Of every 100 mothers bearing children the number of deaths stand thus:—

Placenta Prævia and Flooding, '119; Puerperal Mania, '023; Puerperal Convulsions, '066; Rupture of Uterus, '011.

These puerperal cases afford a striking illustration of the greater curability of insanity when produced by physical, rather than by moral causes. Dr. Conolly speaks with great confidence of the curability and favourable prognosis in this form of mental disease. "In private practice," he says, "I cannot myself recollect one case of puerperal insanity which did not terminate favourably; and, in the majority of cases, recovery took place in from four to seven months. Dr. Goode mentions that of the numerous cases in which he had been consulted, he knew only two who, after many years, continued disordered in mind, and one of these had been insane before marriage. The appearance of levity, childishness, and imbecility, in some cases of puerperal insanity, discourage the practitioner; but in reality these symptoms are but temporary, and the patient generally recovers. This malady may occur after the first delivery and never again; and after the second, third, or fourth delivery only; and future pregnancies and confinements may be gone through quite safely. In almost every case of puerperal insanity of which I could learn the particulars, the patient had no hereditary tendency to insanity."

2. *The duration and course of the disease.*—Another important element in our prognosis is the duration and course of the symptoms.

In no disease, perhaps, is the prognosis more dependant on the duration of the symptoms, or the period which has elapsed from the first invasion of the malady, than insanity. Indeed, after the first twelve months from the attack, the probability of cure is small. The expectation of recovery, in cases admitted within three months from the first attack, is in the aggregate of four to one; while the proportion of recoveries, in cases of more than twelve months' duration, is less than one to four. These are statistical facts towards the history of our prognosis, brought out in every asylum report; facts reiterating the oft-repeated, yet oftener neglected warning, of the importance of early removal of the patient to some place of cure. The early treatment of these cases, observes Dr. Conolly, modifies their course so greatly, that our prognosis cannot safely be formed without some regard to it. If the patient has been bled or much reduced, the case will probably

be incurable or end fatally. Nearly the same observation may, be made, however in every case of mania; and of all mental disorders, I may here remark that the modification by different modes of treatment is almost incredible, and affects the prognosis in every form of mental disease, in every stage of life, and from whatever cause arising.

The proportion of recoveries on the admissions in cases of less than twelve months duration at the Retreat, was sixty-one per cent., and only eighteen per cent. in cases of twelve months duration and upwards. The following remark of Dr. Thurnam will shew how important an element in our prognosis the duration of the disorder is. "Of all the circumstances," he says, "which affect the comparison of the recoveries and mortality of the insane, the stage or duration of the disorder is, practically speaking, the most important. The greater probability of recovery in recent cases than in those of longer duration, is a circumstance which has been very well known. The tendency to recovery indeed does not appear to exist until the lapse of an uncertain time from the attack, when a disposition to a favourable crisis may frequently be observed; though not often in a fully developed case before the third, sixth, or ninth month. After the lapse of twelve months, though recoveries still occur, the probability of that event in the great majority of cases rapidly diminishes."

Thus in recent acute mania, there ought, within the first two months, to be some fair progress towards a cure in cases of favourable prognosis, and the more marked symptoms of mania persisting beyond this period will tend to make the prognosis doubtful. Dr. Conolly very truly observes "that many symptoms which may exist in a recent case of insanity without authorising the conclusion of its being incurable, become, by long continuance, so many proofs that a cure is not to be expected. Such are illusions of the senses of hearing and of seeing; incoherence of language; delusions as to persons and places, and as to rank, riches, or poverty; and also dirty habits, and a neglect of all cleanliness. All these symptoms will occur in a recent case, and all may be of temporary duration, and the case may be cured. If there is a relapse they will recur, and there may be successive recoveries and relapses; all these symptoms disappearing and recurring. But in cases of long continuance the super-vention of any of these symptoms or their persistence indicates that the malady is incurable."

Allied to the duration of the disease is the course the

symptoms have followed. The more rapid the invasion, the more favourable from this point of view will be our prognosis. On the other hand, the slow gathering in of the clouds from every quarter: alienated affections, growing suspicions, altered habits, delusions increasing in force and number, coming one upon the other to swell the roll, presage too often a long dark night of mental gloom, to be broken only with the cord of life.

Lucid intervals again require a careful consideration in forming our prognosis. In recent acute cases, lucid intervals, followed by exacerbations of the disease, are by no means unfavourable; within certain limits they are the natural progress of the disease towards a cure.

On the other hand, when these lucid intervals take on the type of remittent disease, they are of a very unfavourable augury, and the longer the lucid interval, or rather, the remission of the mental disease is, the more unfavourable must the prognosis be. Thus, cases in which attacks of mania, with lucid intervals of months, or years even, occur, are generally incurable. In such cases, the lucid intervals generally become shorter, and less certain—the attacks of insanity more confirmed and longer each relapse. “Intermittence of the disorder,” says Dr. Conolly, “sometimes assumes a curious regularity. Attacks occur every other day, or every other month, or during one half of the year, the intervals being intervals of sanity. Several such cases are recorded, and from the few which I have myself known, I should generally look upon them as indicative of inveterate disease. Even in cases of imbecility, there are often evident remissions. For some days the mind is excited, and more acuteness is shewn, and then, for several days, there is more marked imbecility: and these changes afford no hope.”

A frequent change of the phasis of the disease is always of unfavourable prognosis. A curable case of melancholia, or mania, passes slowly through its several stages, and does not, week by week, perplex us with its varying manifestations. Haslam’s remark is very sound, that when the furious state is succeeded by melancholy, and after this shall have continued a short time, the violent paroxysm returns, the chance of recovery is very slight. Indeed, whenever these states of the disease frequently change, such alteration may be considered as very unfavourable.”

3. *The age, sex, and social condition.*—The personal relations (*Umstände*) of the patient as to age, sex, and social

condition, particularly the former, influence the prognosis in every form of mental disease.

Age.—I believe Haslam was the first writer on insanity to point out the influence which the period of life exerts on the chances of recovery. In his "Observations on Madness and Melancholy," he gives the experience of Bethlehem Hospital, 1784 to 1794, in a tabular form, deducing from the table, the inference, "that insane persons recover in proportion to their youth, and that as they advance in years, the disease is less frequently cured." Later statistical observations support this conclusion. "It appears from results obtained at Bethlehem, at the Retreat, and at the asylum, York, (says Dr. Thurnam) that the probability of recovery is greatest in the young, and undergoes a very regular diminution as age advances." Thus at the Retreat, over a period of forty years, the recoveries under twenty years of age on admission were fifty-five per cent., and from seventy to eighty years only twenty per cent. of the admissions.*

In estimating the relative importance of age on the prognosis, it is hardly necessary to repeat, that the other influences, as the form of the disease, its duration, and course, &c., &c., must also be borne in mind in their bearings on the result. It does not necessarily follow, that because a patient is young, he will therefore recover; but in cases, otherwise favourable, as of recent mania, or melancholia, without any serious physical complication, the chances of a patient at twenty-five years of age recovering, are nearly double those of one at sixty years of age, similarly attacked, and thus, the age of the patient becomes a very important

* The following remark of Dr. Thurnam's is curious, and worth reprinting in this place :—"When the proportion of recoveries per cent. are given for periods of life of twenty years duration each, the rate of the decrease in the recoveries will be seen not to be the same for different ages but to be a progressively accelerating one:—

Age.	Proportion of Recoveries per cent. of the Admissions.	Decrease per cent.
— to 20 years	55·55	0
20 to 40 "	51·77	7
40 to 60 "	46·16	11
60 to 80 "	27·8	40

"So remarkable a result, perhaps, merits the supposition that the decrease in the number of recoveries with age may observe some regular geometrical proportion. May not some extended researches shew the recoveries to be inversely as the square of the age ?

"The only important exceptions to the general law of the recoveries decreasing with age is found amongst women, in whom the recoveries at 10 to 20, and 40 to 50, were less numerous than at the succeeding periods of 20 to 30, and 50 to 60 years of age. These exceptions may probably, both of them, be attributed to the peculiarity of the sex."

and material element in our prognosis, of his prospect of cure. The two periods of life, that of puberty, and the climateric period, are always attended with great danger to life and health, and it is alike, common sense and analogy, to suppose that the powers of life, at the time of puberty, will more readily overcome the mental disease, (should the danger take this form) than it would do at the later climateric period. And so, in practice do we find, that while mental disease in the young is thus of favourable prognosis, insanity supervening at the climateric period of life, is always the cause of serious anxiety. "When," says Dr. Conolly, "the symptoms of insanity—mania, or melancholia—appear in men and women of fifty years of age, in whom no previous attack is known to have occurred, there is almost always reason to fear that the disease is the beginning of incurable decline of mental and bodily health. This decline begins in different persons at very different ages. After a life of usefulness, activity, and benevolence, a man of fifty may begin to cherish delusions as to plans, dates, and transactions; or may fall into profound melancholy, and represent himself as having been, throughout life, a hypocrite, and now about to be exposed. Or a lady may become depressed, apathetic, and accuse herself of failing in her duty to her husband and children. The greater number of these cases are incurable; and there is, too often, a strong suicidal disposition associated with them, and requiring great care."

Sex.—The influence of sex on the proportion of recoveries, has been very carefully investigated by Dr. Thurnam. As the general result of his enquiry, it may be stated, that the proportion of recoveries amongst women exceeds those amongst men by about twenty per cent. I suspect, however, the chief cause of this difference to lie in the greater liability of the male sex to general paralysis, and I do not myself, as a matter of prognosis, in any given case, attach much, if any importance to the influence of sex, excepting in the cases of melancholia, I have above alluded to, where the delusion would appear to be in direct relation with some uterine disorder of a curable kind. This exception rather influences our prognosis, under the head of *physical complication*, than of *sex*. As opposed to Dr. Thurnam, Ideler states that, after long doubts as to the influence of sex on the curability of mental disease, he, at last, has come to the opinion, that it is more curable in the male sex than in the female. He enters at some length (*Grundriss*, Vol. II., p.p.

722,) into the metaphysical reasons, and very sound ones they appear to me, why it should be so.

I do not, myself, as I have just observed, attach any importance to the sex of the patient, as an element of prognosis. An indication of treatment it doubtless is, in the many cases connected with uterine disturbance.

Social condition—It would, even at first sight, seem certain that the social condition of the patient would, in its various bearings, be a material element in our prognosis. That the daily occupation, the religious opinions, the amount of mental culture, the domestic condition, with its constant influence on the affections, should greatly influence the prospects of a case of insanity, is almost self-evident. Yet, to apply any statistical facts to solve how far these varied social relations become elements of our prognosis, is no easy task. Such endless fallacies lie behind statistical inferences—the same results may be explained by such various causes, that, viewed from the prognostic point, I am not much disposed to apply to the prognosis of insanity, the results of the statistician, as to the influence of the social condition of the patient on his ultimate recovery.

4. *The exciting cause and physical complications*.—Great difficulty always exists in rightly ascertaining the cause, whether predisposing or exciting, of mental disease. When these causes are ascertained they tend to influence materially our prognosis as to the prospect of cure. When the disease follows directly on a definite exciting cause our prognosis is favourable. An exception to this observation are the cases of direct injury to the head, where the prognosis is generally unfavourable; but here insanity does not generally follow soon after the exciting cause, but often only after several years. Hereditary tendency would not appear materially to affect the prospect of cure, but rather its permanence; relapses being much more frequent, in the proportion of five to three, in cases of an hereditary taint. Frequent cases of cure (observes Griesinger) in hereditary insanity prevent the prognosis being here entirely unfavourable; yet the danger of relapses, in all such cases, is very great. In young men, insanity, the result of intemperance, is generally, by employment and regular living, cured; but when it follows on long years of intemperance the prognosis will be decidedly unfavourable. Still more so is the prognosis in all cases resulting from sexual excess and self-pollution. The insanity resulting from this latter sin is as marked in its symptoms as hopeless in its prognosis; and is, I fear, sadly

on the increase. In the asylums for the higher classes I have met with several public school men hopelessly insane from this awful course. Their very look betrays them; one can almost, at a glance, recognise the hidden sin which caused and maintains their mental malady.

As a rule, insanity resulting from any physical cause is of more favourable prognosis than when the origin is traceable to moral influences. Care, and grief, and sorrow, are more permanent in the slow and insidious forms of insanity which they cause, than are hunger, want, and sympathetic irritation. Especially is this true of the puerperal state. If the patient lives she almost must recover her reason.

At St. Luke's Hospital I have witnessed with wonder the rapid recoveries under Dr. Monro's wise use of wine and gentle words in cases arising from the physical causes of want, cold, and neglect of the laws of health. All these cases appeared to me to recover.

Dr. Conolly has well stated the relatively favourable prognosis in cases resulting from physical as compared with moral causes:—"Melancholia and painful delusions," he says, "may exist with the opposite states of plethora or anæmia, or the various approaches to starvation met with among the poorer classes in large cities, as well as with the debility produced by prolonged nursing, conjoined in them with poor diet. In all these cases the simple indications of treatment may be followed with general success; and with the gradual reduction of the plethoric condition, or the gradual restoration to strength, the brain will be relieved from oppression or restored to energy, and its functions again be healthily performed."

"Impairment of the mind from over-exertion, especially if conjoined with irregular habits, has appeared to begin in some very active and able, even at an early period; in others, of stronger constitution, later. The prognosis can seldom be favourable. Rest from labour, relaxation, travel, may retard the downward progress. The results of intellectual labour seem to be less appreciated than the results of violent emotions frequently repeated, or of a sudden and overwhelming shock. When some violent shock or sorrow has overpowered the mind the memory of it seems lost; it is never alluded to, but a profound melancholy exists, from which perfect recovery seldom takes place. A less violent shock, but too powerful for the mind it affects, produces at first confusion and delusions, on which maniacal symptoms supervene; and these symptoms are followed by incurable

imbecility. I have seen cases of acute mania ending fatally in a few weeks, and exhibiting proofs of meningitis and irritation of the brain, with effusion and other consequences, where there appeared every reason to ascribe the malady to violent mental impressions alone."

As regards the physical complications, the two most serious are epilepsy and general paralysis; and they both so materially influence our prognosis as to render any case of mental disease on which they may supervene simply hopeless. There is no cure or chance of cure for either. Insanity complicated with epilepsy goes on from bad to worse, from increased fits and greater loss of mind, until some one fit terminate fatally, either by asphyxia or by cerebral effusion.

Again, when the well marked symptoms of general paralysis supervene, the trembling tongue, the hesitation of speech, the tottering gait, and wild, sanguine views of life once present themselves, there may be apparent glimpses of amendment; but real hope of recovery there is none.

In Dr. Conolly's *Croonian Lectures* (which, unfortunately, were only privately printed, and are hardly now to be had), which contain in the most perfect English, a long way the best description of the several forms of insanity in our language, the following remarks on this complication of insanity confirms my unfavorable prognosis. "Its recognition," he says, "is generally of much importance, as no disease sooner disqualifies the object of it for all kinds of business, or for taking care of property, or, more probably, indicates a very short life.

"In all attacked, whether high or low in station, whether old and feeble, or young and robust, the malady, when once declared, pursues the same fatal course. However slight the blow, it is from the first fatal. Whatever delusive appearances may, from time to time, revive the hope of friends, never more will the worldly work of anyone thus struck, be resumed. They are written off in the book of this life. I know that some practitioners are less hopeless in these cases than myself; and I should be much happier if I could be proved to be wrong in pronouncing this melancholy prognosis. At present, much as I know treatment may effect towards alleviating the distresses of this fatal malady, I believe it to be incurably fatal still. Deceptive appearances of recovery are not unfrequent, and sometimes, what almost appears a suspension of the disease occurs; but the truce is, I believe, in all cases, merely temporary."

II.—THE EXPECTANCY OF LIFE.

The second question which, in our prognosis, in cases of mental disease, we are called upon to determine, is the expectancy of life, *i. e.*, how far in any given case, the existing insanity tends, in itself, and through its complications, to shorten the probable duration of life, either by an immediate fatal termination, or else, by reducing the average number of years belonging to that particular period of life. Thus, a case of acute mania may either shorten the expectancy of life, by resulting in immediate death, through exhaustion, or it may by passing into confirmed chronic disease, lessen, by ten or fifteen years, the probable span of life, which we know, from our mortality tables, would otherwise have been the prospect or expectancy of the patient. To foretell the probability and extent of these two issues, is the second question on which, under the term *the expectancy of life*, I wish to add a few notes.

The slightest examinations of the statistics of asylums for the insane, will shew that the prognosis, as to the expectancy of life, is directly and materially reduced by the mere presence of mental disease. The mean mortality of England and Wales for 1846 to 1855 (including infants) was 2.301 per cent., while that of the insane in asylums is not less, on the average, than 10 per cent., and in no instance, extending over a series of years, has a lower rate than 4.7* been found in an asylum. At the very lowest, therefore, the rate of mortality among the insane is double that of the population at large, a fact, which alone renders our prognosis of the expectancy of life in insanity, most unfavourable.

Moreover, Dr. Thurnam has shewn, in his admirable treatise on the statistics of insanity,† the mean duration of life is directly and greatly reduced in mental disease. The expectancy of life at the time of attack, in a given number of cases, ultimately dying insane, is reduced by about two-thirds, and even when the disease results in recovery, a similar diminution in the average duration of life is found to exist.

“The influence of insanity,” says Dr. Thurnam, “on the duration of life, is a subject on which authors have been long divided; and the opinion that mental alienation is not necessarily prejudicial to longevity, is even not yet quite exploded. Cases of longevity in the chronic forms of

* The Retreat, York.

† When may we hope for a second edition of this standard work, brought up to the present time?

insanity, do, no doubt, often occur; and as we have seen, persons may live thirty, forty, fifty, and even sixty years, in a state of intellectual derangement. Instances of this description, however, are very far from being sufficiently frequent to compensate for the large mortality in the early stages, and acute forms of the disease. With the data now before us, the average age at which the 139 who died, were attacked with the disorder may be ascertained; and will be found to have been for those connected with the Society of Friends, 39.19 years; and for others, 38.36 years. Now, the expectancy of life at thirty-eight and thirty-nine years of age, according to the most recent researches, is not less than twenty-eight years; so that the mean ages attained, should have been sixty-seven and sixty-six, instead of fifty-six or fifty-seven, respectively. In those connected with the Society of Friends, less than two-thirds, and in others, not more than a third of the expectation of life at the time of attack, was on an average, realized." This is one way in which the prejudicial influence of insanity upon the duration of life may be shewn.

An exception to this law are the insane, who reach their sixtieth year, when the expectancy of life, or the prospect of attaining an advanced age, seems to be nearly equal in the insane, and in the population generally.

Thus the prognosis of the expectancy of life, as based either on the annual mortality or on the average duration of life, after an attack of insanity must be of a most unfavourable kind: seeing that on either standard the value of life is, on the lowest estimate, reduced by one-half by the mere presence of mental disease.

This unfavourable prognosis of the general expectancy of life in cases of mental disease, will be modified by several circumstances. Thus the sex of the patient will influence our prognosis on the tendency of the disease to death. The mean annual mortality of the male sex among the insane exceeds that of the female by about thirty-five per cent., while among the general population the male mortality only exceeds the female by eight per cent.; therefore, the prognosis of the probable duration of life in the insane is still more unfavourable in the male than in the female sex.

Again, the duration of the disorder will materially influence our prognosis as to the tendency to death. In recent cases of only three months' duration, the mean annual mortality at Bethlehem* was 7.3, while in those of more

* See Dr. Hood's Decennial Report of Bethlehem Hospital, 1846—55.

than twelve months' standing the mortality was only 4·5. Thus the prognosis of the expectancy of life in recent cases of insanity is more unfavourable by one-third than when the disease has passed into its confirmed stages.

Farther, the special morbid action in the brain in every case of mental disease, has itself a direct influence on the prospect of life. Acute cerebral irritation may kill by its exhaustive action alone; and this even without leaving any trace of physical disorganization. Such is frequently the issue in recent cases of acute mania. Moreover, the cerebral irritation if longer continued has a direct tendency to death, through the pressure on the brain of the resulting sanguineous or serous effusions. This in recurrent mania is often the cause of a sudden fatal termination. The obstinate refusal of food in cases of acute mania and melancholia, notwithstanding the success of forced alimentation,* is another most serious complication, and frequently attended with extreme danger to life. Specially does this observation apply to refusal of food in acute melancholia, complicated with delusions having reference to this refusal, as that an angel had forbidden to eat, and such like.

In suicidal mania the imminent danger to life is self evident, and specially is it so in that form of suicide depending on a distinct delusion bearing upon the act, as contrasted with the less dangerous form of instinctive suicide, where remedial and precautionary measures are of more avail in warding off the efforts of the patient towards self-destruction. Statistical researches support this unfavourable prognosis in cases of suicidal mania. The deaths from suicide among the insane are about ten times in excess of those among the population at large.

The statistics of insanity hitherto published do not afford any very reliable data on which to base an accurate prognosis of the expectancy of life in the several forms of mental disease. The following observations by Dr. Thurnam comprise all that can be said on this element of our prognosis:—"The rate of mortality in those admitted in a state of mania has been 3·99; in melancholia, 6·96; in monomania, 3·46; and in dementia, 4·45 per cent. In this calculation the changes which took place in the form of disorder before death have not been taken into account; and as there has been no register kept of the cases resident in the several forms of disorder, founded on censuses made at

* See Dr. Harrington Tuke's excellent papers on forced alimentation; *Journal of Mental Science*, April and July, 1858.

regularly recurring periods—annual or more frequent—I can in this table only present an approximation to the true rates of mortality in the different forms of disorder, regarding which no accurate observations appear hitherto to have been published.”

In cases of confirmed dementia the expectancy of life is very fair. A number of our most useful and quiet patients are examples of this form of insanity. The bodily and mental health has again harmonized; no violent emotions now disturb their quiet; the influences of the asylum life tell only favourably on them; they have no thoughts, no wishes, beyond its bounds, and happy in the discharge of their daily task, and living in obedience to the laws of health, they often attain to a green old age. In blessed oblivion of the storms that swept away their mental powers, they have, through the aid of our treatment, regained, it may be, a lower, but yet another phase of mind, in harmony with the relations and duties of their asylum life.

A kindly and affectionate interest in our daily work is often the reward of our efforts thus to remould the mind so shattered by disease, and fit it to perform the duties of its new phase of existence.

A very serious error very often occurs in the removal of such patients from the asylum, either from motives of economy on the part of the Guardians of the Poor, or of affection in the rich. The quiet and order of their days depend on the unfelt but yet present discipline of the asylum, as the excitement and discord, following their removal, too soon prove. It is only within the limits of that asylum life on which the psychologist has remoulded their wreck of mind, that they can, hereafter, enjoy the quiet happiness, resulting from daily duty rightly discharged.

Lastly, the complications of mental disease with physical disorder, functional and organic, form a very important element in our prognosis, of the expectancy of life in any given case of insanity. This prognosis is directly and solely based on the general principles of pathology, and I may, therefore, here fairly bring these notes on the special prognosis in insanity to a termination. No one can more strongly feel than I do, how slight an outline I have sketched of this important section of practical psychology.

Extract from "Paul Ferrol," referred to in the text as illustrating Delusional Insanity with hallucinations of a destructive character.

" 'I think,' said Mr. Ferroll, when he had shut the door, 'that the butler himself writes the letters.' 'Why so?' cried Lord Ewyas, startled. 'It is borne in upon me,' answered Mr. Ferroll, smiling. 'More little circumstances than I can remember or detail, bring me to that conclusion.' 'And do you think that he means any harm by it?' 'That I don't know; he either acts the alarm which he shows in order to cover his design, or else he is going mad; and is haunted by the idea of mischief, and impelled to do it.'

" 'He looks ill,' said Lord Ewyas.

" 'Very, and much worse this evening than I have seen him at all. I am sure he must be watched to-night.' Lord Ewyas grew uneasy, but Mr. Ferroll turned the conversation, and exerted his great social powers to engage his companion's interest and attention. They both became eager in discourse, and Lord Ewyas was impatient when the door was opened, and Didley, the butler, entered the room without a summons, and advanced towards the table as if expecting to be spoken to. 'Did you ring, my lord?' he asked. 'No, no; I did not ring,' he said; 'I thought the fellow was sick and could disturb nobody.' And then he continued the argument he was maintaining against Mr. Ferroll; but had not long been engaged in the animated and interesting controversy before Didley again interrupted them, and making some trifling alteration in the table, evidently waited an opportunity of speaking. 'What is it you want?' said Lord Ewyas, impatiently. 'Why, my lord, if you'll give me leave to speak, I have a matter I very much wish advice upon.' 'Can't you wait until tomorrow morning?' 'Really, my lord, I can't very well. It's about these letters to my lady; these threatening letters, so I hear they are at least.'

" 'Which you write yourself,' said Mr. Ferroll. 'Which I write!' said the butler, turning upon him eyes of the deepest perplexity. 'Do I write them do you think, sir?' 'I know you do.' 'Who told you,' said Didley. 'Oh! one who told me cannot be mistaken.' 'And did he tell you really that it was I?' 'Yes, positively.' 'Well, that is what I never have been sure of myself, for when I see them, and take them up to my lady, they frighten me in a strange way for a man's own writing to do.'

" 'Why do you write then?' asked Lord Ewyas.

" 'Why my lord, its partly all about that matter that I came to talk with you gentlemen. Do you know that for months past there have been people coming into my room without any leave of mine. They used to be quiet enough, but of late they have grown troublesome.'

" 'Who are they?' asked my Lord Ewyas.

" 'Why there comes a good many I know, and some I don't know; my late master, my lady's husband, is the foremost. He will come and sit down close by me, and tell me to write to my lady, always these same words:—"In a day you don't look for it, fire will consume you." I have conjured him a hundred times to tell me if he comes from heaven or from hell, but he always shakes his head.'

" 'That might give rise to unpleasant conjectures,' said Mr. Ferroll. 'Now, you know who told me?'

" 'Aye, Sir, I thought so; though I wonder he came to you. I never saw them or any of them, when other living people were in the room, before to-day. Was it to-day, Sir?'

" 'Mr. Ferroll shook his head gravely, and evading the question, enquired, 'At what time was he with you?'

" 'It was when John, and Henry, and I were laying the cloth for dinner.'

" 'Did they see him?'

" 'No; I asked them, and they said "No." 'Nor heard him?' 'No, he would

not speak, only beckoned me with him.' 'But then he spoke?' 'Yes yes; and I think I must do it.' Well, I am not clear that its right.' 'That's what I sometimes think myself; and I've kneeled by my bedside hours and hours, asking God, and praying, till I have not known my head from my heels. But its all dark here.' 'Poor fellow,' said Lord Ewyas. 'Yet, its a great thing, my lord, to have the company of spirits; and the last hour or two, I must say I've been easier than for a long time, and that I think is a sign that I've got leave to do it.' 'It may be so; but you came, like a wise man to consult us on the subject,' said Mr. Ferroll. 'From what he said to me I think you're mistaken.' Did he say precisely these same old words? 'No, no; worse words—worse.' 'Aye, indeed, I thought so, sometimes I've known those spirits make very strange blunders; and with respect to your old master's orders, I advise'—

"I can't take it, if you advise against doing it," interrupted Didley.

"Why not?" "Why partly because its already done."

"What's done?" cried Lord Ewyas. 'The house is on fire,' said Didley.

"Good heavens!" cried Lord Ewyas, starting up.

"But Didley, springing to the door before him, fastened it, and set his back against it; 'nobody shall hinder my work,' he said. 'I knew you would talk to me while my fires were burning; and if he had not gone and betrayed me to one of you'—"

"But before he could finish, Mr. Ferroll sprang upon him, and tried to force him from the door; but Didley was armed, and drew out suddenly a large knife, the sheath of which was just inside his coat. Mr. Ferroll just avoided a fatal thrust; and seizing his arm, said, 'Is this the way you treat your master's friend?'"

"'Nobody's his friend that hinders me doing his command,' said the madman, his malady breaking out at this sudden excitement, and struggling with the violent strength of madness, to regain command of the weapon."

"There was now a contest, much to the disadvantage of Mr. Ferroll, his antagonist being armed, and his mind beyond all the usual motive of control. It was not only strength that was needed, but there was the necessity to avoid even a faint stroke of the sharp gleaming knife; Mr. Ferroll saw the disadvantage."

"'Come,' said he, 'you're in the right, you must do as you will, loose me'—and all the while, half kept a powerful grasp of the maniac, 'and I won't hinder you.'"

"'Swear that,' cried Didley. 'I swear.' 'Again—again.' 'Well, well, I swear; but its all right, you see. Don't you smell the smoke yourself—you've done it.' "In fact, the burning smell became perceptible. 'Ah, sir,' said Didley, and turned his pale face towards the quarter whence it came. His iron grasp still held Mr. Ferroll; but Lord Ewyas perceived only the apparent relaxation in his purpose, rushed towards the door. 'You've sworn falsely,' cried Didley, brandishing his knife, and straining again his vigorous hold; 'my master shall he obeyed;' and again he sought to make a plunge."

"'Good heavens! there he is,' said Mr. Ferroll, suddenly relaxing all his resistance, and fixing his eyes on the door."

"'Where?' cried Didley, thrown off his guard for the moment. That moment was enough. Mr. Ferroll closed upon him, and threw him down; Lord Ewyas sprang to help. They snatched away the knife; and now, notwithstanding his struggles, he was soon overpowered."—*From Paul Ferroll, a Tale, Smith Elder & Co., 1858.*

On Irregularity of the Pupils from Central Causes, being the substance of a Paper communicated to the Psychological Section of the Philosophical Association of Germany, by DR. REICHARZ, of Eudenberg, near Bonn.
Translated from the "Allgemeine Zeitschrift für Psychiatrie,"—1858.

In describing the relative sizes of unequal pupils in the diseases of the central organ of the nervous system (as in incomplete general paralysis) most observers make special mention of the dilated pupil, and, under precisely similar essential conditions, we more frequently find one pupil characterised as being larger than the other, than the converse. Were there no prejudice at the bottom of this custom, there might be nothing to advance against it; but I believe that the views on which it is founded, are, more or less, conjectural. It is apparently assumed, in the first place, that inequality of the pupils is always caused by lesion of one iris only; that dilatation of the pupil is more truly and more frequently a morbid condition, than contraction; and, finally, that dilatation is always dependent on relaxation, resulting from paralysis. The iris, with the dilated pupil is, thus, more often pointed out as being affected, and that with paralysis, than the one in which the pupil is contracted; and we find, moreover, that it is quite usual to adduce, not perhaps, mere inequality, but dilatation of the pupils generally, as an absolute sign and example of paralysis of single muscles.

These hypotheses—certainly not always clearly understood—are, however, completely false. It must be remembered, that both abnormal dilatation, and abnormal contraction, may each arise from two totally different conditions of iris—the dilatation, either from paralysis of the circular or spasm of the radiated fibres; and the contraction, either from paralysis of the radial or spasm of the circular fibres. So that, both irides may be affected, although as a rule, only one of them is found to be so. Whether lesion is present in both or only in one, and in the latter case, in which, can only be ascertained by careful observation. I have noticed, for example, that the difference in size between the pupils in cerebral disease, does not usually remain the same under all conditions of light; also, that this difference will not probably be at its maximum under a moderate amount of illumination, but under the influence, either of a very strong or a very feeble light; and that under the opposite extreme, it falls to a minimum, or, indeed, disappears altogether. I speak, of course, only of relative difference, not of absolute, for the latter must naturally be less when the pupils are contracted, than when they are dilated. This, which is the usual demeanour of unequal pupils, under various stimulus of light, can only be explained by regarding the lesion as being limited to one iris, and proves, indeed, that such is ordinarily the case. The skilful em-

ployment of rapid alternations of very strong and very feeble light, by which only, the investigation can be made with exactitude, is, hence, a very proper and sound mode of diagnosis.

From the application of this test, the following possible cases result, including one, however, which for the most part, is non-pathological.

I.—If, under varied amounts of illumination, the proportional difference between the pupils remains unaltered, while, at the same time, their absolute size varies, in ratio to the strength of the light, both irides must be considered sound, and the inequality of the pupils regarded as arising from simple 'vitium,' or, at least, not as central, and not as depending on paralysis or spasm.

II.—If, under the influence of different degrees of light, the proportional difference between the pupils, and also their absolute size, remains wholly or nearly unaltered, both irides must be considered seriously and equally diseased—that with the larger pupil, either from paralysis of the circular, or spasm of the radial fibres, and that with the smaller pupil, either from paralysis of the radial or spasm of the circular fibres. Four possible cases occur here, from combination, viz:—

1.—Paralysis of the circular fibres in the larger pupil, with paralysis of the radial in the smaller (the most frequent);

2.—Paralysis of the circular fibres in the larger pupil, with spasm of the circular fibres in the smaller;

3.—Spasm of the radial fibres in the larger pupil, with paralysis of the radial fibres in the smaller;

4.—Spasm of the radial fibres in the larger pupil, with spasm of the circular fibres in the smaller.

III.—The last and most frequent occurrence is, that the inequality of the pupils nearly or wholly disappears, either under a very powerful or very feeble impression of light. In this case, only one iris is affected.

1.—If the inequality disappears under the influence of a powerful light, it can only be due to the contraction of the larger pupil, while, at the same time, the smaller pupil is not at all, or not equally excited to contraction by the increased stimulus. We have, then, here the larger pupil, pertaining to an iris, which is obedient to changes of light, or, in other words, sound; and the smaller, fixed, or imperfectly mobile pupil pertaining to an iris in a state of disease from—

(a)—Paralysis of its radial fibres, by which the antagonistic circular fibres, which produce contraction of the pupil, obtain preponderance, or

(b)—Spasmodic contraction of its circular fibres.

2.—If the inequality of the pupils disappears, on the other hand, under a very feeble light, this can only be produced by dilatation of the smaller pupil, whilst, at the same time, the larger pupil remains uninfluenced by the diminution of light, or does not dilate

in equal measure. Here the smaller pupil pertains to an iris obedient to light, *i. e.*, healthy; and the larger fixed, or imperfectly mobile pupil to an iris, in a condition of disease from—

(a)—Paralysed circular fibres, by which their antagonists, the radial fibres, obtain preponderance, or

(b)—Spasmodically contracted radial fibres.

There are thus, in all nine, or if the first (non-pathological) is omitted, eight possible cases of inequality of the pupils. When the inequality continues with a certain constancy, the question of spasm can scarcely be entertained. In irides, however, which are equally and similarly affected, chronic spasmodic contraction is not unfrequently observed. The persistent dilatation of the pupils in Helminthiasis cannot be explained as proceeding from paralysis, but as due to spasmodic contraction of the longitudinal fibres of the iris, from irritation of the sympathetic nerve. Inequality of the pupils, arising from spasm of the radial fibres of one iris, combined with spasm of the circular fibres of the other is rare; but most rare is the occurrence of inequality through paralysis in one iris, with spasmodic contraction of the corresponding muscular fibres in the other.

If, from the above eight possible conditions, all cases of a spasmodic character, be withdrawn, as is mostly necessary in general paralysis, there will remain only three for consideration, viz :—

1.—Paralysis of the radial fibres of the iris with the smaller pupil.

2.—Paralysis of the circular fibres of the iris with the larger pupil.

3.—A combination of 1 and 2 with each other.

The last of these is the least frequent in incomplete general paralysis. In this disease, a single iris is much more often affected with paralysis than both, so that, independently of the general palsy, something of an hemiplegic character is usually present. I have further noticed that, when the irregularity disappears under one of the extremes of illumination, it more frequently takes place under the strongest, than under the weakest light; so that, contrary to what is generally supposed, the defect is oftener in the contracted pupil, than in the dilated one. This fully harmonizes with the observation of Budge ("*Movements of the Iris, &c.*") that the '*nerv. oculomotorius,*' which is known to be the excitor of the '*musc. sphincter irid.,*' develops much more nervous force, and can be thrown into activity by a far less amount of stimulus than the '*nerv. sympath.,*' which supplies the dilator muscle. It is, therefore, *ceteris paribus*, far more likely in general palsy, that paralysis occur in the nerves and muscular apparatus subserving the contraction of the pupil, than in those which effect its dilatation. In this regard, the dilator and sphincter muscles of the iris hold the same relation to each other, as the extensors and flexors of the limbs.

Moreover, in inequality of the pupils resulting from central paralysis, the knowledge whether both irides are effected or only one—whether, namely, the longitudinal fibres, supplied by the ‘sympathetic’, or the radial fibres supplied by the ‘oculomotorous,’ are paralysed—cannot but be of great importance in the diagnosis of the central seat of lesion.

EDWARD PALMER.

OBITUARY NOTICE OF DR. JACOBI.

From the Cologne Gazette, 19 and 20 July, 1858. By
 DR. FOCKE.)

Karl Wigand Maximilian Jacobi, the founder, and for many years superior of the Lunatic Hospital at Siegburg, was the youngest son of the philosopher Friedrich Heinrich Jacobi, and was born at Düsseldorf on the 10th of April, 1775.

He received his education under a tutor (H. Schenk afterwards Privy Councillor at Munich); and at the Gymnasium at Düsseldorf. Thus well prepared he devoted himself to the study of medicine, entered the University at Jena in the spring of 1793, and attached himself to the body of youth who surrounded the newly-established professorial chair of Hufeland. This distinguished man took a fatherly interest in him, and exerted a permanent influence on both his disposition and his studies. He was also much noticed by Goëthe, who often visited him “to renew his acquaintance with anatomy.” Jacobi quitted Jena in 1795, completed his studies at Göttingen and Edinburgh, and graduated at the University of Erfurth, on the 21st February, 1797. His father, exiled by the revolution, had emigrated to Holstein, where he was on very intimate terms with Matthias Claudius, to whose daughter the young doctor was married in 1798. He settled as a physician, first at Bael, near Aix la Chapelle; and subsequently, in 1800, at Eutin. But, as in country practice the doctor is called upon to ply all branches of his profession, he soon became painfully aware how insufficient was his acquaintance with surgery; and, to supply this defect, repaired with his family in 1802 to London for a year and a half, where he acted as assistant at one of the hospitals. Returning to Eutin, he left it again in 1806; and, following his father to Munich, entered the Civil Service of Bavaria. He was ap-

pointed President of the Medical Council, but so unsatisfying were the duties of his office, that he resigned it to take the post of Chief Physician and Director of the Hospital of St John, at Salzburg, in 1812. In 1815 he entered the Prussian Civil Service, and was in government employ at Düsseldorf; a situation in which he found himself just as little at home as he had previously done in the similiar one at Munich. He now began to feel, with daily increasing force, the conviction of his unfitness for the calling of a practising physician, which became a source of much unhappiness. In 1820 he was, at his own request, entrusted with the arrangement and conduct of the lunatic hospital, then in contemplation for the Rhine province. After much debate, Siegburg was chosen as the site. In 1822 Jacobi removed to Bonn, partly to prepare himself for his new calling, and partly that he might be at hand to assist in deciding upon and carrying out the plans. Elated by the feeling that he had now found the true mission of his life, he devoted himself to it with such restless ardour that his health gave way, and an attack of inflammation of the brain in 1823 brought him almost to death's door. Under the skilful treatment of Nasse however, he recovered perfectly. Friedrich Nasse (to whom we are indebted for the development of those germs of the infant science of Psychiatry, first planted at Jena and Halle by Landermann and Reil) proved a sound adviser and able helpmate in this new undertaking; and, amidst their joint labours, there sprung up between these two eminent men a feeling of mutual respect and esteem, which the vicissitudes of life had never the power permanently to disturb.

The hospital for the insane at Siegburg, was opened on the first of January, 1825, its director then being in his fiftieth year. It is remarkable, that a man of his ambition and talents should have lived to such an age, before finding congenial occupation, and still more so, that after all, there should be in store for him a career of thirty-three years of successful action, productive of the most important results. But before attempting to give the reader an insight into the development of character of the eminent alienist, it will be well to close, for the present, this introductory biographical sketch. The institution into which a great many incurables were, at first, admitted, was converted, by degrees, to its intended purpose. The science brought to bear on the practical working of the establishment, and the constant efforts to improve the system of treatment, soon attracted attention—particularly that of the younger members of the profession

—to Jacobi and to Siegburg; which through him, and together with him, acquired European celebrity. The day of the *Doctor's Jubilee* (27th March, 1847) will be long remembered by those who joined in celebrating it. On that day the king honoured the merits of the veteran by investing him with the Order and Riband of the Red Eagle, 3rd class. In 1855 he was promoted to the rank of Privy Medical Councillor; and received, in 1857, the further distinction of the Riband and Oak-leaf of the above-named order, 2nd class. The latter years of his life were embittered by much suffering: his wife, whose health had long been declining, died in 1856; a loss which he must have felt so much the more severely, as the infirmities of age excluded him almost entirely from society. Like his father he had been much afflicted in his younger days with hemicrania and disease of the eyes; and as he was becoming quite blind, and was obliged to have resource to a reader and dictation, death was hailed almost as a welcome deliverer. On Ascension Day he was attacked by erysipelas of the face; extreme debility followed, and after lingering a few days he died on the 18th May of the present year, surrounded by his family, who followed him to his last resting place; accompanied by that still larger family, the inmates of the institution, for whom he had lived; by friends who came from far and near, and by such a train of mourners from the little town of Siegburg as had never been seen there within the memory of living man. He attained the good old age of eighty-three, and lived to see his grandchildren and great grandchildren. In order thoroughly to understand and appreciate his character let us go back to the days of his youth.

His father, whilst with the deepest anxiety for the welfare of his children, he took care that this one should lack nothing that could tend to the cultivation of his intellect, yet lost sight of one most important consideration. After the death of his wife—a most amiable and excellent woman, to whom the boy was most affectionately attached—he gave him into the charge of his sister, (Aunt Helen) whose rigid prudery, intolerant of the gifted child's natural sprightliness, soon repressed and converted it into silence and reserve. Influences like these sometimes produce far-reaching results. A certain want of address became thereby confirmed; whilst the solitary retirement already become the habit of the youth, combined with a slight degree of deafness, which at an early age prevented his mingling much in society, to render him permanently deficient in that ease and self-confidence so necessary in intercourse with the world. His consciousness of this, cost

him many an unhappy hour. But what was lost in brilliancy was gained in depth of mind. With much of the bodily conformation, he inherited, more than either of his brothers, the spirit of his father, who, in his correspondence with Goëthe, directs attention to "a certain tendency towards the imaginative lying hid within him." There was, indeed, a deep enthusiasm in the youth, but it required some object to draw it forth; for in the same correspondence which gives us many a pleasing trait of Jacobi's student life at Jena, Goëthe expresses his admiration of "his unswerving devotion to his profession." And again, "he seems to me to have chosen the path which I take to be the right one." The circumstances which determined him on choosing the medical profession are unknown; but the zeal and fidelity with which he pursued a study that tended to throw his more shining qualities into the shade, and utilized his peculiar talents but in a minor degree, is evidence of a strong desire to be working for the good of his fellow-creatures. He did not then understand himself, and how could he even guess at the walk of life for which he was suited? And here again, in reference to his laborous preparatory work, Goëthe's words "he seems to be on the right path" assumes, in their very indefiniteness, a significancy almost prophetic.

He went the right way, for he trod the path of truth. It was not reason pointing out the goal, and with it, the conditions of its attainment; it was the simple yet rare faithfulness to his calling, that bid him go to England, to extend his knowledge, and which induced him to exchange his important position at Munich, where he felt himself quite out of place, for the more insignificant one at Salzburg, which proved eventually, the best preparation for that great work which was hereafter to be placed in his hands. Even his father, who blames his "good whimsical Max" for this move to Salzburg, did not understand him. But he had not received his paternal inheritance "*in heart a christian, in understanding a pagan*"—as dead capital. True christian piety had so transformed both heart and head, that except to the fair and open judgment of those who differed from him, it showed no traces of its origin. It was this deep sentiment of religion that enabled him to accomplish his career of fidelity and triumph, not only without the dangerous satisfaction of self-admiration and self-esteem, but with a modesty beyond all praise. This it was too which, even in his student-days, pervaded his whole being, and laid in him the foundation of that noble purity of character, which seldom failed, upon

closer acquaintance, to inspire the respect even of his adversaries.

Thus prepared, he undertook the arrangement and conduct of the Siegburg Lunatic Hospital, after all his disappointments, with the firm conviction that, in this sphere of action,—as he himself expressed it—the destiny of his life would be fulfilled. Nor was he deceived; his labours extended far beyond this immediate sphere. In him, German medical psychology *possessed a personality* with which no other country could compare. He was, indeed, no master of dialectic controversy, for he was not quick, adroit, ready—all that he accomplished, was by thinking and working. Endowed with a comprehensive—I might say, more synthetic than analytic—understanding, the caution with which he proceeded, might make him appear, at times, dilatory and irresolute, but, once master of the difficulties, he displayed an energetic and persevering will in the pursuit of his subject. The motto prefixed to his first work on psychiatrics, shows, in one line, how intimately his nature corresponded with his specialty. “It is the heart alone which elevates man above himself, and this is the true power of ideas.” (Jacobi to Fichte.) Here we see the moral philosopher reproduced in the son, and are at no loss to perceive why such a man in a country like Germany, and in his special department, must necessarily have attained a high degree of eminence.

We have seen with what zeal he entered upon his new undertaking. With a leaning towards the English and French who were in advance of us in this respect, he so thoroughly mastered the subject of asylum life, that his work, “On the Construction and Management of Lunatic Hospitals,” which appeared in 1834, was translated, and, for a time, regarded as a sort of half-public, half-private code on all questions relating thereto. When Jacobi appeared on the field of medical psychology, the doctrine, that insanity consisted in an immaterial morbid process, was strongly supported in Germany; a doctrine to which, from his well-known religious views, it might, perhaps, have been expected he would have given in his adhesion. But these views were much too clear to admit of their interfering with the science of his profession. He entered the lists in the most decided manner, in defence of the proposition that all insanity, whether arising from bodily or spiritual causes, necessarily presupposed the antecedent of bodily ailment. This was, at all events, an approximation to the truth. Advocated by a man of his acknowledged piety and devotedness, it spread widely, and was readily accepted as

truth, even amongst those, who, had it proceeded from other quarters, would have regarded it with doubts and apprehension. But when it is asserted that, Jacobi's doctrine was nearer to the truth than the opposite one—this refers to a dispute amongst the "Somatists"—those who assume a bodily final cause of insanity, for here, too, there are shades of opinion. Jacobi, as an "extreme Somatist," gave, as his definition of the various insane states, "Diseases, complicated with mental disorder"—and contended for the term, mental disorder (*Geistesstörung*) as opposed to his friend Nasse's Mental Disease (*Geistes-krankheit*). The particulars do not concern us; each will decide for himself, according to the side he takes in this "battle of the soul." It must be distinctly stated, however, that he drew from the above thesis, no incautious conclusions as to treatment. He gave more scope to psychical impulses, and used them more than many "psychicists."

There is another advantage of the system which, though not part of the original design, still deserves mention. It was the means of establishing a high school of psychiatrics, so much needed for this fresh-sprouting branch of science. How many of the asylum physicians and directors of the present day laboured and learnt at Siegburg. After attending a certain time, they were allowed to take part in getting up the history of the patients and even in the medical service. They had a voice in the conferences, and brilliant these conferences often were, even when, as sometimes happened, Jacobi could not be drawn forth from his silent reserve. Life at Siegburg was, at times, academic in the best sense of the word, and by no means prejudicial to the patients. If the psychiatric physicians, in their travels, picked up here some useful hints, they contributed on their part, the results of their experience elsewhere, and we can remember some patients who may thank the stranger for having suggested the means of their cure.

Jacobi was not one of those who was desirous of leading others without stirring himself. Like many persons of reserved disposition, he was subject to occasional outbursts of hastiness, but he overcame these entirely in the course of time. Nor was it less worthy in him that he was always open and desirous to learn, even up to the last. By this means, the institution avoided a dull dead routine, and kept in uninterrupted progressive development in all its parts, from the cells to the chapel, from the medicines to the social gatherings. Ever striving, by the assistance of the other officers, and their families, to draw together the multitude of various and ever-

changing elements into one great household; the venerable friend of the lunatics was enabled to appear at the greater festivals of the institution, like a patriarch among his people, whose calmly ruling influence supported the whole without making itself observed.

Although actuated by a lively sense of duty Jacobi devoted the greater part of his time to the institution, he still found leisure for considerable contributions to literature. Of his numerous professional writings, essays, and controversies, the most valued is his work on mania,* one of the six forms of mental disorder, in which he preferred exhibiting the fruits of his meditation on this subject. Outward circumstances, too, strengthened this inclination, viz., his receiving the degree of Dr. Philosophie, from the University of Bonn. A publication, which was to have been a return of thanks for this honour, grew, by degrees, to the treatise, "Natural life and spiritual life; sense—organism in relation to men's position in the world.—*La Divina Commedia*."—(Leipsic, 1851.) Death prevented his completing a companion work to this, portions of which he tried to dictate in his delirium. Of his performances in other departments may be mentioned translations of Herodotus and Thucydides, merely to show how well he could fill up the dull leisure of earlier years, and how various were his resources.

We must not dwell longer on his writings, however tempting the opportunity of proving from them the correctness of the sketch we have attempted to give, of the nature and character of the man. But it would be a culpable omission were we to pass over in silence the trials Jacobi had to fight at Siegburg, and which weighed heavily on his spirits, namely, his contests with Dr. Bird, and the State of the Rhine-Province. Dr. Bird, who in 1830 accepted the newly-erected office of second physician, a man of considerable acquirements, had, in consequence of a want of exactness in the instructions drawn up for him, expected a more independent position than Jacobi intended to concede him. The dispositions of the two men so complicated the difficulty, that after many years of disunion and antagonism it admitted of but one solution—Dr. Bird was pensioned. More important still was the contest with the States, who complained of the costliness of the institution, and demanded the introduction of Sisters of Mercy. We shall not discuss the motives for this; suffice it to say that Jacobi strenuously opposed the introduction of Sisters of Mercy into an establish-

* The principal forms of mental disorder in relation to Therapeutics, described from observation.—Leipsic, 1844.

ment where the Protestants were in a decided minority. As he cheerfully resigned his appointment at Munich, so upon principle he retained his post here. The honourable endeavour to obtain European celebrity, even had that been the aim of his endeavours—which was by no means the case—could not have injured him; but the foul and baseless suspicions which individuals attached to him personally, in connection with the costliness of the institution, although repelled with indignation by those who knew his worth, must have wounded him deeply. The truth oozed out by degrees; Jacobi was no submissive administrator, nor was he pliant in his transactions with the States. Those who have followed this portraiture attentively will see why he was not, and never could be so. Impartial judgment cannot detract from the memory of great men, why then should we conceal the weaknesses of Jacobi, always so ready to confess a known error or fault, and who freely acknowledged how far his powers fell short of the object of his desires? It may be matter of regret to many that his name meets more honourable mention in the rest of Germany, than in the various circles in that province for which he laboured with such cheerful resignation.

Jacobi was of tall, powerful stature. He had a handsome capacious head, which he inclined towards his breast in a listening attitude when, with knees across and folded hands he engaged in conversation. When he raised his head and fixed his eye upon the speaker, his glance bespoke benevolence, enthusiasm, and humility. His eye was remarkably fine, and although almost blind, retained sufficient power of vision to enable the old man to continue his visits to the institution in his daily walks—even up to the last years of his life. He was a stout pedestrian, and particularly fond of solitary recreation in the open air. His mode of life was very regular; he retired to rest, and though often deprived of sleep by the torments of hemicrania and rheumatism, might always be found betimes in the morning studying and at work. Nothing but severe illness could interrupt his usual course of life, confine him to his bed, or prevent his frequent daily visits to his patients. Even the day after his wife's death, bowed down as he was, he made his appearance at the usual hour in the institution.

Under his portrait he wrote—"I am thy pilgrim and sojourner as all my fathers were." These words express with much force not only his aspirations and labours, but the very essence of his existence and his career through life.

He was a brilliant example of what a pilgrim on earth may

accomplish by honest struggles and work. In those departments of his profession where natural talents determine essentially the measure of success, he was great, because he attained all that was attainable by him. But where man is bound by no conditions, in inborn fitness, he was greater still, in character and in sentiment. By this, by the force of his pure and noble individuality, he gained for German Psychiatries a principle, the value of which is now scarcely disputed, that in the little community of the lunatic asylum the chief power must rest with the physician. Through him, too, the name of mad-doctor (*irren arzt*) has become in Germany what it is not in all countries—an honourable name. May future generations preserve the honour of their inheritance.

And now that the champion—who so manfully fought his fight—is no longer amongst us, may the country in gratitude acknowledge what she possessed and what she has lost in him.

J. P. S.

Suggestions for Amendments of the Laws relating to Private Lunatic Asylums. By EDWARD TENNYSON CONOLLY, of the Inner Temple, Barrister at Law. (Shaw and Sons : Pamphlet, p.p. 51.)

Any publication on the subject of insanity from an author bearing the name of Conolly, must at all times command the attention of our readers; and a publication on Lunacy Law Reform by the son of our President is, at the present time, most opportune. One can only guess at the direction and manner of the efforts which are likely to be made in the next Session of Parliament, as the expression and consequence of that newspaper agitation against private asylums which took place during the dead months of autumn. Possibly that reform of the legislature itself, which has so long been looming in the distance, but which now begins to shew its outlines, bright if not clear, may overshadow and suffocate the more feeble agitation. Still it is probable that something will be attempted if not effected; and the pamphlet of Mr. Conolly discusses in a plain and temperate manner that which (with the benefit of the excellent advice he has no doubt received) he considers to be the measures of reform most needful and beneficial, and by which he thinks that "all

private asylums may be placed under such a system of uniform inspection and visitation, that the detention of sane persons and the ill-treatment of insane patients, would be as efficiently guarded against as in any public institution."

After describing the legal formalities by which licenses for private houses are obtained, Mr. Conolly points out that neither the Commissioners nor the Justices are empowered by any statute to visit any house until it is licensed, and that no distinct duty is imposed upon them of carefully enquiring into the character of the applicant before coming to a decision. This objection, however, appears rather a refinement, inasmuch as the duties of the Commissioners and the Justices in this respect are judicial, and not merely official; and the powers conferred upon them imply the responsibility of due enquiry. Mr. Conolly proposes that a Special Court of Enquiry shall be held by two Commissioners, at or near to the house for which the license is sought, after due notice given in the local papers, inviting the attendance of all persons who may be desirous of communicating with them on the propriety of acceding to, or refusing the application. Mr. Conolly next proceeds to describe the legal formalities attending the reception of a patient into a licensed house; "which, however," he says, "that experience proves to be insufficient to prevent the possibility of any person being confined in an asylum except upon reasonable grounds." A great many medical men—especially in the country—know nothing of insanity; they hear accounts to the patient's disadvantage, and are ready to discover madness in every thing he says to them, or in his refusing to answer any questions he put to them. "It is even within the bounds of possibility that a medical man may fear to offend a rich patient, such as the person who desires to place another in an asylum may be." "Cases of unjust confinement are always those in which there is some large amount of property in question." But "no one ever wishes to shut up a pauper lunatic unless it is really necessary." The only manner the author sees by which a remedy for this possible wrong coming with sufficient promptitude after its infliction is

"By enacting that every person sent to an asylum should be visited by some official persons within a short time after notice of his admission has been received by them: within seven days would seem a reasonable limit. The features of his case could not have materially altered in that time; and any competent and disinterested judges of such matters would surely be able to decide whether he was a fit person to be confined in an asylum, and whether the facts set forth in the certificate were true."

Mr. Conolly states, with lucidity and justice, the objections to the popular idea, that the verdict of a jury should be

required before any person is deprived of civil rights and personal liberty, namely, that such an enquiry would be injurious to the mental state, and, to the professional, and other interests of the patient, and that it would necessarily entail enormous expense. He appears to think that the visitation of every patient, immediately after his admission into an asylum by two Commissioners in Lunacy, would render such enquiries needless, and would prevent the detention of patients, after recovery, or the improper detention of those who, "although not of perfectly sound mind, might be at large, without any danger or disadvantage to themselves or others." We do not see how the detention of patients after recovery would be thus prevented. The part of the laws which most needs alteration, is in the opinion of the author, that which regulates to their official inspection.

"This may indeed be said to include all the rest: for a proper system of inspection by competent persons would secure every thing that is required—fitting houses, competent Superintendents, and good treatment for all the insane—and would render the detention of any sane person almost impossible."

We do not suppose that Mr. Conolly means to imply by this, that the main fault of the present system is any inadequacy of inspection, as it is at present exercised by the Commissioners in Lunacy. Indeed, he gives due praise to them for the manner in which they have discharged their duties. He proposes to abolish the power of the county magistrates, in relation to licensed houses out of the metropolitan district, believing that they "would be probably glad to be deprived of an office which adds much to their trouble, and little to their dignity." "The whole of the duties now imposed upon Justices of the Peace, with respect to private asylums, ought at once to be transferred to the Commissioners." He proposes, therefore, that the four annual visits of inspection of the Justices of the Peace should be replaced by two additional visits of inspection, made by the Commissioners, who would thus be called upon to make four such visits annually in the provinces, as well as in the metropolitan district. To undertake these, and the other additional duties proposed, "it would certainly be requisite largely to increase the number of Commissioners." "Assuming that it would be necessary even to double the present number of Commissioners," he calculates the additional cost of the Board to be £11,000 per annum, which he proposes to raise by a income tax upon the patients under detention in licensed houses. Estimating the average payments of the 2,800 patients in private asylums at £150 per annum, this tax would amount to little more than $2\frac{1}{2}$ per cent.

on these payments. We think, however, that this estimate is far too high. Half the amount is a more probable average, and this would need the tax to be 5 per cent. on the receipts.

As Mr. Conolly proposes that all the additional duties to be imposed on the Commissioners should be discharged by them as at present, acting in pairs, one of whom shall be a barrister and one a medical man, and as "the union of the medical and legal element has worked so well in all the proceedings of the Commissioners," the additional members of the commission must be half barristers and half medical men.

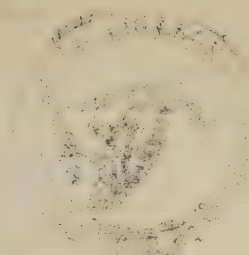
The above constitute all the changes which the author proposes to be made in the existing lunacy law—at least for the present. We are not disposed to criticise his suggestions, but one great objection to them as a reply to the recent popular outcry is obvious, namely, that the changes proposed apply almost exclusively to the provinces, whereas two out of three of the recent inquisitions, which have impressed the public with the idea that the inmates of private asylums contain no small proportion of persons who are unjustifiably detained, occurred in the metropolitan district.

As for the author's recommendation that every patient placed in a private asylum shall be "immediately," or "within seven days," visited and examined by two Commissioners in Lunacy, it would be simply impracticable, notwithstanding the addition of six new Commissioners to the Board. During the year 1857 the Commissioners report that 2,324 patients were admitted into private lunatic asylums, of whom 1,253 were admitted into private asylums in the provincial districts. These numbers would provide each of the six pairs of Visiting Commissioners with 387 special visitations and examinations, and this in addition to all the ordinary work of the Commission.

OBITUARY.—DR. HEDGER, late Assistant Medical Officer to the Colney Hatch Asylum, died on the 25th ult., at Torquay.

APPOINTMENTS.—MR. HARGOOD to be Assistant Medical Officer to the Colney Hatch Asylum.

DR. J. STRANGE BIGGS to be Assistant Medical Officer to the Surrey County Asylum.



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King Lear: A Psychological Study.

Aye, every inch a King, in all his pompous vanity, his reckless passion, his unstable judgment, a thorough king, whom even madness could not dethrone from the royal habits of authority, of strenuous will, and of proud predominance. As the highest mountain summit becomes the fearful beacon of volcanic flame, testifying in lurid characters to the world's deep heart-throes, so this kingliest of minds—he who in his little world has been the summit and the cope of things—becomes, in the creative hand of the poet, the visible outlet of those forces which devastate the soul. We stand by in reverential awe, despairing, with our small gauge of criticism, to estimate the forces of this human Etna. Oppressed by the power and magnitude of the passions, as depicted in this most sublime and awful of poetic creations, it is only after the senses have become accustomed to the roar and turmoil that we throw off the stupor, and dare to look down upon the throes of the Titan, and begin to recognize the distinctive features of the fierce commotion. Even then we must stand afar off; for not in Lear, as in others of the poet's great characters, can one for a single moment perform the act of mental transmutation. In Hamlet, for instance, the most complex of all, many a man may see reflected the depths of his own soul. But Lear is more and less than human in its isolated grandeur, in the force and depths of its passions, in its abstraction from accidental qualities. In the breadth of his strength and weakness he is painted like one of those old gods, older and greater than the heathen representatives of small virtues and vices—the usurping vulgarities of polytheism.

The true divinities of Lear were old, like himself very old and kingly—Saturn and Rhea, the autochthones of the heavens ; even as his qualities are laid upon the dark and far off, yet solid and deep foundations of moral personality. Well might this King of sorrows exclaim, in the words of the World-spirit, to those who attempt to tear his passions to tatters before the footlights ; yea, even to the more reverent efforts of critics—

“ Du gleichst dem Geist den du begreifst,
Nicht mir ! ”

Essayists upon this drama have followed each other in giving an account of the development of Lear's character and madness, which we cannot but regard as derogatory to the one, and erroneous in relation to the other. They have described Lear as an old man, who determines upon abdication, and the partition of his kingdom, while he is of sane mind, and fully capable of appreciating the nature of the act. Thence it becomes necessary to view the original character of Lear as that of a vain weak old man ; thence it becomes necessary to discuss the point when the faculties first give way ; thence it becomes necessary to view the first acts of the drama as a gross improbability. “ Lear is the only serious performance of Shakspeare,” says Coleridge, “ the interest and situations of which are derived from the assumption of a gross improbability.” Such undoubtedly they would be, if they were the acts of a sane mind ; but if, on the contrary, it be accepted that the mind of the old king has, from the first, entered upon the actual domain of unsoundness, the gross improbability at once vanishes, and the whole structure of the drama is seen to be founded, not more upon “ an old story rooted in the popular faith,” than upon the verisimilitude of nature. The accepted explanation of Lear's mental history, that he is at first a man of sound mind, but of extreme vanity and feeble power of judgment, and that, under the stimulus of subsequent insanity, this weak and shallow mind develops into the fierce Titan of passion, with clear insight into the heart of man, with vast stores of life science, with large grasp of morals and polity, with terrible eloquence making known as with the voice of inspiration, the heights and depths of human nature ; that all this, under the spur of disease, should be developed from the sterile mind of a weak and vain old man ; this indeed, is a gross improbability, in which we see no clue to explanation.

Gross improbabilities of circumstance are not so rare in

Shakespeare. The weird sisters in Macbeth, and the ghost in Hamlet, are certainly not more probable as events, than the partition of Lear's kingdom. But there is one kind of improbability which is not to be found in Shakespeare—the systematic development of goodness from badness, of strength from weakness; the union of that which, either in the region of feeling or of intellect, is antagonistic and incompatible. Even in depicting the mere creatures of the imagination, Shakespeare is consistent; we feel the fairy to be a fairy, the ghost to be a ghost; and even those foul tempters in woman's form,

“Who look not like the inhabitants of the earth
And yet are on it,”

are distinct, special, clear-cut creations of the poet's brain, consistent in every characteristic with themselves: Ariel is all aerial, and Caliban all earthly. In Shakespeare's characters there is no monstrous union of fair with foul, and foul with fair, as in those phantasms who opposed Ruggier in the island of Alcina:

“Alcun' dal collo in giù d'uomini han forma,
Col viso altri di simie, altri di gatti;
Stampano alcun' con piè caprigni l'orma;
Alcun son centauri agili et atti;
Son gioveni impudenti, e vecchi stolti,
Chi nudi, e chi di strane pelli involti.”

There is nothing of this in the works of the Supreme Mind, whose poem is created nature. There is nothing of this in the works of that human mind, who, in the consistency and power of his work, has attained the nearest approximation to his great Author. Neither in nature, that is, in the works of God, nor in high art, that is, in truthful imitation of nature, is any such monster to be found as a vain and weak old man developing into the strength and grandeur of a prophet; the voice of Isaiah in the mouth of an imbecile.

Hallam expresses unreservedly the opinion that Lear's wondrous intellectual vigour and eloquence are the result of his madness, and that the foundation of his character is that of a mere “headstrong, feeble, and selfish being.”

“In preparing us for the most intense sympathy with this old man, he first abases him to the ground; it is not Œdipus, against whose respected age the gods themselves have conspired; it is not Orestes, noble minded and affectionate, whose crime has been virtue; it is a headstrong, feeble,

and selfish being ; whom, in the first act of the tragedy, nothing seems capable of redeeming in our eyes ; nothing but what follows—intense woe, unnatural wrong. Then comes on that splendid madness, not absurdly sudden as in some tragedies, but in which the strings, that keep his reasoning powers together, give way, one after the other, in the frenzy of rage and grief. Then it is that we find, what in life may sometimes be seen, the intellectual energies grow stronger in calamity, and especially under wrong. An awful eloquence belongs to unmerited suffering. Thoughts burst out more profound than Lear, in his prosperous hour, could ever have conceived ; inconsequent, for such is the condition of madness, but in themselves fragments of coherent truth, the reason of an unreasonable mind.”

If this great and sound critic had possessed any practical knowledge of mental pathology, he could not have taken this view of the development of the character. Intellectual energy may, indeed, sometimes be seen to grow stronger under the greatest trials of life, but never when the result of these trials is mental disease. So far as eloquence is the result of passion, excitement of passion may stimulate its display ; but it is remarkable that so long as Lear retains the least control over his passion, his imagination remains comparatively dull, his eloquence tame. It is only when emotional expression is unbridled, that the majestic flow of burning words finds vent. It is only when all the barriers of conventional restraint are broken down, that the native and naked force of the soul displays itself. The display arises from the absence of restraint, and not from the stimulus of disease.

The consistency of Shakespeare is in no characters more close and true, than in those most difficult ones wherein he portrays the development of mental unsoundness, as in Hamlet, Macbeth, and Lear ; into these he throws the whole force of his genius ; in these he transcends, not only all that other poets have effected before him, but all that he has ever done himself. The border country between sanity and insanity—that awful region of doubt and fear, where the distorted shadows of realities, and the chimeras dire of the brain, are distinguishable in the sunless gloom of our unreason by flickering corruscations of the fancy, by fog meteors of humour, and by lightning flashes of passion—this region his bold and fearless mind delights to explore, and to lead those who can follow him, even as Virgil led Dante through the circles of hell. He delights to observe and to explore it,

and, with his own clear light of genius, to look down upon it and through it, and to trace the wanderings and the falls of the erring, misled, spirit; but never, for one moment, does he lose his own sharp and accurate faculty of distinguishing realities and moral probabilities. In his hands the development of an insane character is as strictly amenable to law, as that of the most matter-of-fact and common-place sanity. In his hands the laws of mental aberration are as sure as those of the most regular development; nay, they often tend to illustrate the latter, as in the hands of a botanist a green petal proves the development of the flower from the leaf. It is on the development of insanity, the gradual loosening of the mind from the props and supports of reason and of fact, the gradual transition of the feelings from their old habitudes and relations, to morbid and perverted excess, the gradual exaggeration of some feelings and the extinction of others and the utter loss of mental balance resulting therefrom; it is in this passage from the state of man when reason is on its throne to a state when the royal insignia of his preeminence among God's creatures are defaced, that the great dramatist delights to dwell. Other poets and dramatists have represented the developed state, either in features so repulsive, that, like Cibber's statues of madness at Bethlem, they need to be curtained from the vulgar gaze, or like Gray's

"Moping maniac, laughing wild amidst severest woe," they combine in an absurd manner qualities which neither in the sane man nor the maniac can possibly co-exist.

Cervantes, indeed, has painted with exquisite skill the half-lights of one form of insanity; but Shakespeare alone has described the transition period and the state of resistance. It is remarkable within how small a compass all that Shakespeare has written on perfected madness may be brought; namely, one short scene of Ophelia's madness, and three scenes of the madness of Lear.

The wilfulness with which critics have refused to see the symptoms of insanity in Lear, until the reasoning power itself has become undeniably alienated, is founded upon that view of mental disease which has, until recently, been entertained even by physicians, and which is still maintained in courts of law, namely, that insanity is an affection of the intellectual, and not of the emotional part of man's nature. The author of these essays was among the first to raise the standard of revolt against this theory, in two articles

on the "Law and Theory of Insanity," in the 24th and 25th numbers of the *Medico-Chirurgical Review*. The veteran Guislain had already fully recognized the immense influence of emotional suffering in the causation of insanity; but the wider and still more important principle, that morbid emotion is an essential part of mental disorder, still remained a novel doctrine. Any detailed exposition of the metaphysical and psychological arguments, by which I have endeavoured to maintain the validity of this doctrine, would here be out of place. It may suffice to state, that with the exception of those cases of insanity which arise from injuries, blood poisons, sympathetic irritations, and other sources of an unquestionably physical nature, the common causes of insanity are such as produce emotional changes, either in the form of violent agitation of the passions, or that of a chronic state of abnormal emotion, which pronounces itself in the habitually exaggerated force of some one passion or desire, whereby the healthy balance of the mind is at length destroyed. From these and other reasons founded upon the symptomatology and treatment of insanity, upon the definite operations of the reasoning faculties, and their obvious inability to become motives for conduct without the intervention of emotional influence, and also from the wide chasm which intervenes, and must intervene, between all the legal and medical definitions of insanity founded upon the intellectual theory and the facts as they are observed in the broad field of nature, the conclusion appears inevitable that no state of the reasoning faculty can, by itself, be the cause or condition of madness; congenital idotcy and acquired dementia being alone excepted. The corollary of this is, that emotional disturbance is the cause and condition of insanity. This is especially obvious in the periods during which the disease is developing; "in the prodromic period of the disorder, the emotions are always perverted while the reason remains intact." Disorders of the intellectual faculties are secondary; they are often, indeed, to be recognized as the morbid emotions transformed into perverted action of the reason; but in no cases are they primary and essential.

How completely is this theory supported by the development of insanity, as it is portrayed in *Lear*? Shakespeare, who painted from vast observation of nature, as he saw it without and felt it within, places this great fact broadly and unmistakably before us. It has, indeed, been long ignored by the exponents of medical and legal science, at the cost of ever futile attempts to define insanity by its

accidents and not by its essence ; and, following this guidance, the literary critics of Shakespeare have completely overlooked the early symptoms of Lear's insanity ; and, according to the custom of the world, have postponed its recognition until he is running about a frantic, raving, mad man.

Lear is king at a time when kings are kings. Upon his will has hung the life and wealth, the being and the having, of all around. Law exists indeed ; the reverend man of justice and his yoke-fellow of equity are benched high in the land, but he is the little godhead below.

“Aye, every inch a king.

When I do stare, see how the subject quakes !”

Perilous height, too giddy for the poor human brain ! Uneasy lies the head which wears a crown ! Unsafely thinks the head which wears a crown ! The very first king by divine appointment went mad. What are the statistics of insanity among crowned heads ? Who can tell ? About half a century ago, one fourth of the crowned heads of Europe were insane, those of Portugal, Denmark, Sweden, Russia, and England. But often the chariot of government may be kept in the ruts of routine long after the guiding mind is obscured. With trembling hands, royal servants and kinsfolk hold a veil before the piteous spectacle. Not as of old does Nebuchadnezzar wear his chains in public. The wide purple hides all, until the service becomes too dangerous ; and then perchance the sharp remedy of the assassin's scarf has to be applied round Paul's imperial neck.

Or the madness may not be quite so extreme, nor the remedy so conclusive. It may be disguisable and tolerable until it abates, and the poor patient emerges to become one of Mr. Carlyle's hero-kings. It may display itself, as in Frederick Wilhelm of Prussia, only in violence of language and conduct towards his children, in beatings and kickings, in restless frightened nights and wanderings from chamber to chamber, in terrors of assassination with loaded pistols under the pillow, and yet the government machine be guided by the frantic hand in an altogether admirable manner, according to Mr. Carlyle, and those who bow down in pious worship before power in high places, be it ever so wild.

And why should not Mr. Carlyle make a hero of his mad king, who is also a dumb poet polishing to perfection practical unspoken stanzas, as that of his giant regiment, which might irreverently be called one of his delusions ? Why

not, since Schiller has made a beautiful, all perfect hero from the materials of an insane prince ; Don Carlos, who in this country and in private station, might have found his way to the criminal wards at Bethlem, to whom, in fact, the sharp remedy of assassination had to be applied, as to Muscovite Paul. Why not, except that poetry and history are rather different things.

This fact of royalty in Lear ; that he has been eighty years and more a prince and king, that he is not only despotic in authority but in disposition, that his will can tolerate no question, no hindrance ; this, if not the primary cause of his lunacy, gives colour and form to it. He strives to abdicate, but cannot ; even madness cannot dethrone him ; authority is stamped legibly on his brow ; he is not alone a mad man but a mad king.

Unhappy king, what was thy preparation for thy crown of sorrows, thy sceptre of woe ! Unlimited authority ; that is, isolation. To have no equals, that is to say, no friends ; to be flattered to the face, and told that there were gray hairs in the beard before the black ones were there, plied with lies from early youth, (for this teaches that Lear was a king before he wore a beard), and therefore to be set on a pedestal apart from his kind, even from his own flesh and blood, until all capacity to distinguish truth from falsehood, affection from hypocrisy is lost, this is thy preparation.

Half a century of despotic power, yielded by a mortal of rash and headstrong temper, and with vivid poetic imagination, may well produce habitudes of mind to which any opposition will appear unnatural and monstrous as if the laws of nature were reversed, to which the incredible fact can be accepted only with astonishment and unbounded rage.

But Lear's mind is conditioned by extreme age as well as by despotism ; age which too often makes men selfish, unsympathising, and unimpressible ; age, which in some "hardens the heart as the blood ceases to run, and the cold snow strikes down from the head and checks the glow of feeling," in others, is the occasion of stronger passion and hotter temper. A sad state, one of labour and sorrow, and dangerous to happiness, honour, and sanity. The natural state of old age is, that the judgment matures as the passions cool ; but a tendency of equal force is, that the prevailing habitudes of the mind strengthen as years advance ; and a man who in "the best and soundest of his time hath been but rash," feels himself, and makes those around him feel, "not alone the imper-

fections of engrafted condition, but therewithal the unruly waywardness that infirm and choleric years bring with them ;" a maxim not less true because it is the heartless observation of a thankless child, and one capable of being extended to almost all the prevailing emotions and tendencies of man. In old age, the greedy man becomes a miser ; in old age, the immoral man becomes the shameless reprobate ; in old age, the unchecked passions of manhood tend to develop themselves into the exaggerated proportions of insanity. How stern a lesson is the folly, the extravagance, and the vice of old men, that while it is yet time, passion should be brought into subjection, and the proportions and balance of the mind habitually submitted to the ordinances of the moral law !

It is worthy of remark that Lear's age is physically strong and vigorous ; he has been a warrior as well as a king.

"I've seen the day with my good biting falchion
I would have made them skip."

Even at the last he has vigour enough to kill the slave who was hanging Cordelia. He is a keen hardy huntsman, and he rides from the house of one daughter to that of another with such speed that his strong willing messenger, can scarcely arrive before him by riding night and day. Physically, therefore, he is a strong, hale, vigorous man ; and the desire he expresses to confer his cares on younger strengths, that he may "unburthened crawl towards death," is either a specious reason for his abdication, or one which has sole reference to the consciousness of his failing judgment, which is obvious to others, and probably not felt by himself ; and which his daughter so cruelly insinuates when he claims her gratitude.

This state of hale bodily strength in senile mania is true to nature ; it is observed, both in second childhood, that is, in the dementia of old age, and in the insanity of old age, that the physical powers are commonly great—the body outlives the mind—or to speak more physiologically and truthfully, some functions of the body remain regular and vigorous, while others suffer morbid excitement or decay ; general nutrition retains its power, while the nutrition of the brain becomes irregular or defective.

Coleridge justly observes, that "it was not without forethought, nor is it without its due significance, that the division of Lear's kingdom is, in the first six lines of the

play, stated as a thing determined in all its particulars previously to the trial of professions, as the relative rewards of which the daughters were to be made to consider their several portions." "They let us know that the trial is a silly trick, and that the grossness of the old king's rage is in part the result of a silly trick suddenly and most unexpectedly baffled and disappointed."

That the trial is a mere trick is unquestionable; but is not the significance of this fact greater than Coleridge suspected? Does it not lead us to conclude, that from the first the king's mind is off its balance; that the partition of his kingdom, involving inevitable feuds and wars, is the first act of his developing insanity; and that the manner of its partition, the mock-trial of his daughters' affections, and its tragical denouement, is the second, and but the second act of his madness? The great mind, so vigorous in its mad ravings, with such clear insight into the heart of man that all the petty coverings of pretence are stripped off in its wild eloquence, not only is unable to distinguish between the most forced and fulsome flattery and the genuineness of deep and silent love; it cannot even see the folly of assuming to apportion the three exact and predetermined thirds of the kingdom according to the professions made in answer to the "silly trick;" cannot even see that after giving away two-thirds, the remainder is a fixed quantity, and cannot he be more or less according to the warmth of the professions of his youngest and favorite daughter; a confusion not unlike the the account he subsequently gives of his own age—"four score and upwards; not an hour more or less."

With what courtly smoothness of pretence goes on the mocking scene, until Cordelia's real love, and obstinate temper, and disgust at her sister's hypocrisy, and repugnance perhaps at the trick she may see through, interrupt the old king's complacent vanity; and then the astonishment, the retained breath, the short sentences, the silence before the storm! and then the outbreak of unbridled rage, in that terrible curse in which he makes his darling daughter—her whom he loved best, whom he looked to as the nurse of his age—for ever a stranger to his heart! It is madness or it is nothing. Not, indeed, raving, incoherent formed mania, as it subsequently displays itself; but exaggerated passion, perverted affection, enfeebled judgment, combining to form a state of mental disease—incipient indeed, but

still disease—in which man, though he may be paying for past errors, is for the present irresponsible.

The language in which is couched the expostulations of the noble-minded Kent collected and even-tempered in all his devoted loyalty and self-sacrifice, shews the impression which this conduct made upon the best and boldest mind present :

“Be Kent unmannerly
When Lear is *mad*.”

“With better judgment check
This hideous rashness.”

“Kill thy physician and the fee bestow
Upon the foul disease.”

Lear's treatment of Kent; his ready threat in reply to Kent's deferential address, which, in the words of true devotion, only looks like the announcement of an expostulation; his passionate interruptions and reproaches; his attempted violence, checked by Albany and Cornwall; and finally the cruel sentence of banishment, cruelly expressed; all these are the acts of a man in whom passion has become disease. In the interview with France and Burgundy the seething passion is with difficulty suppressed by the rules of decorum and kingly courtesy. To Cordelia's entreaty that Lear would let the King of France know the simple truth of his displeasure, only the savage reply is given—

“Better thou
Hadst not been born than not have pleased me better;”

and he casts out his once loved daughter—the darling of his heart, the hope of his age—without his grace, his love, his benison.

All this is exaggerated passion, perverted affection, weakened judgment; all the elements, in fact, of madness, except incoherence, and delusion. These are added later, but they are not essential to madness; and as we read the play, the mind of Lear is, from the first, in a state of actual unsoundness, or, to speak more precisely, of disease. The conference between Regan and Goneril, which ends the scene, seems to prove this view correct; for, although they attribute their father's outrageous conduct to the infirmity of age, it is evident it has surprised and alarmed them. His sudden changes unguarded by any judgment, are evidently a new thing to these selfish and clear-sighted observers; although, indeed they are but the exaggerated

results of long habits of rule and rashness, matured into a state which renders him unfit for the exercise of authority.

Gon. You see how full of changes his age is ; the observation we have made of it hath been little ; he always loved our sister most ; and with what poor judgment he hath now cast her off, appears too grossly.

Reg. 'Tis but the infirmity of his age : yet he hath ever but slenderly known himself.

Gon. The best and soundest of his time hath been but rash ; then must we look from his age to receive, not alone the imperfections of long-ingrafted condition, but therewithal, the unruly waywardness that infirm and choleric years bring with them.

Reg. Such inconstant starts are we like to have from him, as this of Kent's banishment.

Gon. There is further compliment of leave-taking between France and him. Pray you, let us sit together : if our father carry authority with such disposition as he bears, this last surrender of his will but offend us.

Reg. We shall further think of it.

Gon. We must do something, and i' the heat."

Goneril speedily finds that such authority as her old father chooses to exercise, does offend her. He strikes her gentleman for chiding his fool ; wrongs her, as she thinks, by day and night ; every hour he flashes, as she thinks, into one gross crime or other ; he upbraids her on every trifle. She 'll not endure it. She has no love for the old man, and little patience for his infirmities, whether they be those of native disposition, of dotage, or of disease :

"Idle old man,
That still would manage those authorities
That he hath given away ! Now by my life
Old fools are babes again, and must be used
With checks as flatteries—when they are seen, abused."

Strong as her language has been on her father's constant wrongs to her, and his 'gross crimes,' Goneril attributes them to the effects of dotage, and appears to entertain no suspicion that real madness is threatening. It is not till long after—in the third act, when Glo'ster is "tied to the stake"—that the old king's insanity is recognized by one of his ungrateful daughters ; Regan asking—

"To whose hands have you sent the lunatic king ?"

Soon after Goneril's exposition of the terrain, Lear enters from hunting, hungry and impatient—

“Let me not stay a jot for dinner, go get it ready.”

A collected conversation with disguised Kent follows, and then the steward appears to put upon him the predetermined insolent negligence, which his mistress had given him instructions for. Lear, in his magnanimity, does but half see it, and requires to have his attention directed to it by the knight, whose keener observation has remarked the great abatement of kindness, and lack of ceremonious attention, which has been latterly shewn to his master. The king has seen it too, but had rather blamed his own jealous curiosity, than permitted himself to think the unkindness was intentional. Even now he throws off the thought lightly, and calls eagerly for that strange being, that wonderful medley of wit and philosophy, of real affection and artificial folly, “my fool!” whom he loves none the less for his attachment to disgraced Cordelia.

“*Knight.* Since my young lady's going into France the fool hath much pined away.

Lear. No more of that, I have noted it well.”

Silent repentance for his rash and cruel treatment of this well-loved daughter, hath already touched the old man's heart. But the transitions of feeling are more rapid than the changes of sunshine and shade in an April day. In the next sentence he is in unmeasured rage with the steward for his insolent reply, and has no control over his tongue or his hands :

“My lady's father ! my lord's knave ! you whoreson dog ! you slave ! you cur !” “Do you bandy looks with me, you rascal ? [*Striking him.*]”

Enough of Lear's violence, both in language and conduct is manifested, to confirm the truth of Goneril's harsh accusations. It must be owned that the old king has a terrible tongue, and a quick and heavy hand. The slightest opposition throws him into violent and outrageous speech and behaviour, little likely to be endured with patience, except by those who have strong motives for it in love or duty or interest. It is strange, however, with what patience he endures the bitter taunts and sarcasm of his fool. They seem only to pique his curiosity, and to excite his interest in the gladiatorial display of wit and folly. The fool, indeed, is “a bitter fool,” “a

pestilent gall," but his taunts are elicited, not repressed; and the "all-licensed fool" says to his master's face, and without a word of reproof, fifty times more than had brought upon Kent his cruel sentence of banishment. But the talk with the fool is only a lull in the storm. Goneril enters with a frontlet of frowns, and in a set speech—harsh in its rythm even, and crabbed in its diction—she accuses her old father of the rank and not to be endured riots of his insolent retinue; charges him with allowing and protecting it, and threatens to apply instant redress, whether it offend him or not. Too much astonished to be angry, he exclaims, "Are you our daughter?" She retorts with accusations personal to himself, forcibly conveying the impression of Lear's changed state at this period; a point important to the view here maintained, that from the first the old king's mind is off its balance.

"*Gon.* I would you would make use of your good wisdom, whereof I know you are fraught; and put away these dispositions, which of late transport you from what you rightly are."

The altercation becomes warmer, the daughter's accusations more pointed and offensive. Her father's changed dispositions are "new pranks," his knights, "debosh'd and bold," infecting the court with their lewd and riotous manners. The king is commanded, rather than requested, to apply the remedy by diminishing and reforming his train. If he does not, Goneril will do it herself—"will take the thing she begs." The impression left on the mind is, that Goneril's accusations are well founded; urged, indeed, without affection, or sense of gratitude or duty, or even of that decent forbearance towards the failings of the old king, which a good woman would have felt had she not been his daughter. Hitherto only the hard selfishness of Goneril's character has been developed; its dark malignancy is unfolded by future events. However, she has struck her old father on the heart with harsh and bitter words, and his changing moods are now fixed into one master-passion. Delusion and incoherency and other features of insanity are added as the disease subsequently develops itself; but incontrollable rage is nowhere more strongly expressed than in the execrations and curses which Lear now hurls against his daughter. Eloquent as his terrible curses are, they are without measure and frantic. He beats his head,

“Oh, Lear, Lear, Lear !
Beat at this gate that let thy folly in,
And thy dear judgment out !”

He weeps, and is ashamed at the hot tears ; he weeps for rage, and curses through his tears. He threatens to resume his kingly power, and adds to Goneril's other selfishness, that of alarm. There cannot be a doubt that at this time his conduct is thoroughly beyond his control. He is beside himself, and insane.

Lear, who never appears more tranquil than when the butt of the fool's jests, is diverted by them for a few moments, and consents to laugh at his own folly ; but his thoughts run upon his injury to Cordelia, and the one he has himself received :

“I did her wrong.

To take it again perforce ! Monster ingratitude !”

He is conscious of his mental state, and even of its cause. He feels the goad of madness already urging him, and struggles and prays against it, and strives to push it aside. He knows its cause to be unbounded passion, and that to be kept in temper would avert it.

“Oh, let me not be mad, not mad, sweet heaven !

Keep me in temper ; I would not be mad !”

This self consciousness of gathering madness is common in various forms of the disease. It has recently been pointed to by an able French author as a frequent symptom in that form of insanity accompanied by general paralysis. According to my own observation, it is a far more common symptom in that form of mania which develops gradually from exaggeration of the natural character. A most remarkable instance of this was presented in the case of an officer, whose generous but passionate temper became morbidly exaggerated after a blow upon the head. His constantly expressed fear was that of impending madness ; and when the calamity he so much dreaded had actually arrived, and he raved incessantly and incoherently, one frequently heard the very words of Lear proceeding from his lips : “Oh, let me not be mad !”

Lear struggles against his temper, which he feels is leading towards madness ; and even against the plain evidence of his daughter's ingratitude, which inflames the temper. He will not understand Goneril's accusations and threats, until they are expressed in language too gross and cruel to be mistaken. In the same

manner he will not believe that Regan and Cornwall have placed his messenger in the stocks. To Kent's blunt assertion, it is both he and she—your son and daughter—he reiterates denial, and swears by Jupiter it is not so :

“They durst not do 't ;

They could not, would not, do it ; 'tis worse than murder,

To do upon respect such violent outrage ;”

and when conviction follows upon Kent's plain narrative of his treatment and its occasion, rage almost chokes the poor old man. At first he struggles to repress its expression :

“*Lear.* O, how this mother swells up towards my heart
Hysterica passio !—down thou climbing sorrow,
Thy element is below !”

He does not succeed long, and when denied access to his child ; under the pretence of sickness, which he well recognizes as the image of revolt and flying off ; and when reminded, inopportunately enough, “of the fiery quality of the duke,” the climbing rage will not be repressed :

“*Lear.* Vengeance ! plague ! death ! confusion !—

Fiery ? what quality ? why, Gloster, Gloster,

I'd speak with the duke of Cornwall and his wife.

Glo. Well my good lord, I have informed them so.

Lear. Inform'd them ! Dost thou understand me, man !

Glo. Ay, my good lord.

Lear. The king would speak with Cornwall ; the dear father
Would with his daughter speak ;—commands, tends, service
Are they informed of this ?—My breath and blood !—
Fiery ? the fiery duke ?—Tell the hot duke, that—
No, but not yet :—may be, he is not well :

Infirmity doth still neglect all office,

Whereto our health is bound ; we are not ourselves,

When nature, being oppress'd, commands the mind

To suffer with the body ; I'll forbear :

And am fallen out with my more headier will,

To take the indispos'd and sickly fit

For the sound man.—Death on my state ! wherefore

Should he sit here ? This act persuades me,

That this remotion of the Duke and her

Is practice only. Give me my servant forth :

Go, tell the Duke and his wife, I'd speak with them,

Now, presently : bid them come forth and hear me,

Or at their chamber door I'll beat the drum,

Till it cry—*Sleep to death.*

Glo. I'd have all well betwixt you.

Lear. O me, my heart, my rising heart!—but down."

The first indication of commencing incoherence is seen in this most affecting expression of the conflict within:—"commands, tends, service;"—unless it be that the rapid flow of ideas only permits the expression of the leading words, omitting the connecting ones which would make sense of them. There is more of sorrow, than of haughty passion, in this conflict of emotion; the strong will resisting the stronger passion, and attempting to palliate and explain the evidence of that indignity, upon which it is too justly founded. The Fool's philosophy, that absurd cruelty and absurd kindness have the same origin, is well introduced at this point; though little likely to attract his frantic master's attention, whose unreasoning generosity to his daughter is now replaced by unmeasured rage and hatred.

"*Fool.* Cry to it, nuncle, as the cockney did to the eels, when she put them i' the paste alive; she rapp'd 'em o' the coxcombs with a stick, and cry'd, *Down, wantons, down*: 'Twas her brother, that, in pure kindness to his horse, butter'd his hay."

Lear is evidently more unwilling to quarrel with Regan than he was with Goneril. He loves her better; and indeed, if any difference can be marked between these most bad women, the temper and disposition of Regan are certainly, far less repulsive than that of her fierce sister. Black as her conduct undoubtedly is, viewed by itself, it is but grey when brought into contrast with that of her hellish sister—the adulteress, the murderess-poisoner, and suicide. Lear himself acknowledges the difference between them:

"No, Regan, thou shalt never have my curse;
Thy tender-hefted nature shall not give
Thee o'er to harshness; her eyes are fierce, but thine
Do comfort, and not burn;"

and it is remarkable that he does not curse Regan, except in connection with her sister. His terrific imprecations are heaped upon the head of Goneril alone, as if, with the instinct of madness, he had recognized the dark supremacy of her wickedness. When Regan, whom he appears to have loved, joins the old man, his heart is somewhat softened, and grief, for a moment, takes the place of pas-

sion ; yet it is passionate grief, choking its expression with its intensity :

“ Beloved Regan,
Thy sister ’s naught : O, Regan, she hath tied
Sharp-tooth’d unkindness, like a vulture, here,—
[Points to his heart.
I can scarce speak to thee ; thou ’lt not believe
With how deprav’d a quality—O, Regan !”

He finds his convictions somewhat checked at this conjuncture ; he does not meet with that sympathy from Regan, which he had made sure that his injuries will excite. She reasons with him, not accusingly and threateningly as Goneril, and yet not yielding a point of the question at issue. She tells him the truth without flinching, and strangely, without at first giving offence, as far as she is concerned :

“ O, sir, you are old ;
Nature in you stands on the very verge
Of her confine : you should be rul’d and led
By some discretion, that discerns your state
Better than you yourself.”

One cannot but perceive, that if Regan had been permitted to act without the bad interference of her fiend sister, she might have ruled and led the old king without seeming to do so, and have guided his madness in a less turbulent channel ; but she takes side with her sister, and suggests that the king should ask her forgiveness—the forgiveness of a daughter. The old king kneels and adds the eloquence of action to his reproof—unsightly tricks, as Regan calls it—and certainly not dignified, nor consistent with the demeanour of a sane king ; but adding terrible force to the mockery of the suggested forgiveness, and to the fierce imprecation which it calls forth ; “ You nimble lightnings,” &c., during the utterance of which Lear probably remains on his knees, with hands extended, to call down “ the stored vengeance of heaven,” which he invokes.

He now returns to the outrage upon Kent. He will not believe that Regan knew on’t, and is in a way, for the present, to be easily soothed, if it had suited the plans of the bad sisters to do so ; but Goneril appears, and all goes wrong with him and with them :

“ Who comes here ? O, heavens,
If you do love old men, if your sweet sway

Allow obedience, if you yourselves are old,
Make it your cause ; send down, and take my part !”

Is there any passage more pathetic and sublime than this, even in Shakespeare ?

Although Regan has immediately before defended the conduct of Goneril, Lear is astonished that she should take her by the hand ; but the unison of the sisters, made patent to him by this act, recalls the cause of offence which he has with Regan herself, and which he has referred to and forgotten more than once :

“ O, sides, you are too tough !

Will you get hold ? How came my man i’ the stocks ?”

This flightiness of thought, this readiness to take up a subject strongly, and to lay it down again lightly, to run from one subject to another, and still more, from one temper to another, is a phase of mental disease approaching that which is called incoherency. At present, the sudden changes of thought and feeling are capable of being referred to some cause recognizable, although inadequate. In complete incoherency, the mind wanders from subject to subject without any clue being apparent by which the suggestion of thought by thought, or idea by idea, can be followed and explained. In the sane mind one idea follows another, according to laws of suggestion, which vary in individuals, but are subject to general principles ; and a man, intimately acquainted with the mental peculiarities of another, might give a very probable opinion as to the succession of any ideas which had passed through the well known mind ; or, one idea being given, might guess the character of the one which suggested it, and the one which in turn it would suggest. But, in the mind of the insane, these general principles of the succession of ideas are abrogated. Doubtless there are rules of suggestion and succession if we knew them, but for the most part they are too strange and uncertain to be recognized ; the mode of suggestion of ideas in one madman being far more unlike that which exists in another madman, than the different modes which exist among sane people. Moreover, the genesis of thought differs greatly in the same insane mind, during different periods and phases of the malady. The idea of preaching, for instance, in the present phase of Lear’s insanity, would probably have suggested some sublime expression of moral truth. At a later period it brought under his notice the

make and material of his hat, and suggested cavalry shod with felt, and the surprise and slaughter of his enemies. The idea-chain of a sane mind is somewhat like the images in a moving panorama; one can tell if the country is known, what has preceded and what will follow any particular scene; but the sequence of ideas in the insane mind is more like the arbitrary or accidental succession of grotesque images, which are thrown on the curtain of a magic lantern; there is no apparent connection between them, and no certainty of sequence: it is as if ideas were suggested by the points and corners of those which precede, by the unessential parts, and not by their real nature and character. This, no doubt, is owing to the rapid flow of ideas which takes place in these phases of insanity; an idea is not grasped in its entirety, it only touches the mind, as it were, and suggests another. The *Ideen-jagd* of the Germans is a good descriptive term for a common form of incoherence.

Lear, however, is not yet incoherent; he is only approaching that phase of the malady. He has entirely lost that obstinate resolve, which his heady and passionate will gave him at the commencement. He is flighty, even on subjects of the most dire moment to him. He takes up and lays down his determinations, with equal want of purpose. This is evident in his hasty references to the treatment which Kent has met with from the fiery duke and Regan. This flightiness of thought is accompanied by a rapid and undirected change of emotion, a still weightier evidence of the mind's profound malady. This is strongly marked in the speech to Goneril, whom, in eight lines, he addresses in four different tempers: irritation; sadness, with some memory of affection; followed by an outburst of rage and hate; and again by straining patience:

“*Lear.* I pri’thee daughter, do not make me mad;
 I will not trouble thee, my child; farewell;
 We’ll no more meet, no more see one another;
 But yet thou art my flesh, my blood, my daughter;
 Or, rather, a disease that’s in my flesh,
 Which I must needs call mine; thou art a boil,
 A plague-sore, an embossed carbuncle,
 In my corrupted blood. But I’ll not chide thee.
 Let shame come when it will, I do not call it.”

This state of mind is further evident from the sudden

change of his resolution to return home and reside with Goneril, because he believes that she will let him have more attendants than her sister. He has just before declared that he would rather "abjure all roofs," or "knee the throne of France," or be "slave and sumpter to this detested groom," than return with her; and yet, because Regan entreats him to bring but five-and-twenty followers, assigning as good reason :

"How in one house
Should many people under two commands
Hold amity? 'tis hard, almost impossible."

he forgets all the comparisons he has drawn between her and Goneril, so unfavourable to the latter; he forgets his deep-rooted hatred to Goneril, and proposes to return home with her :

"I'll go with thee,
Thy fifty yet doth double five-and-twenty,
And thou hast twice her love."

At this point the mind seems almost falling into fatuity; yet it is but for a moment, for immediately after comes that outburst of eloquence and reason :

"O, reason not the need," &c.

the grandeur of which it would be difficult to overmatch with any other passage from dramatic literature. It concludes, not with expressions of noble anger, but with those of insane rage, at a loss for words to express itself.

"No, you unnatural hags,
I will have such revenges on you both
That all the world shall ——, I will do such things ——.
What they are yet I know not; but they shall be
The terrors of the earth. You think I'll weep;
No, I'll not weep:—
I have full cause of weeping; but this heart
Shall break into a hundred thousand flaws,
Or ere I'll weep:—O fool I shall go mad!"

It is the climax of his intercourse with these daughters, who turn their backs on him and bar their doors. Not yet do they directly plot against his life. He rushes into the stormy night, such a night that nature seldom sees, such a storm that "man's nature cannot carry the affliction nor the fear." He escapes from the cruel presence of his daughters to the bare heath, where "for

many miles about there's scarce a bush." Here, in company with the fool, "who labours to out-jest his heart-struck injuries," in reckless, frantic rage, he "bids what will take all." On this scene Coleridge finely remarks,

"What a world's convention of agonies is here! All external nature in a storm, all moral nature convulsed,—the real madness of Lear, the feigned madness of Edgar, the babbling of the Fool, the desperate fidelity of Kent—surely such a scene was never conceived before or since! Take it but as a picture for the eye only, it is more terrific than any which a Michael Angelo, inspired by a Dante, could have conceived, and which none but a Michael Angelo could have executed. Or let it have been uttered to the blind, the howlings of nature would seem converted into the voice of conscious humanity. This scene ends with the *first* symptoms of positive derangement."

Hardly so; it is but the climax of the disease, the catastrophe of the mind history. The malady, which has existed from the first, has increased and developed, until it is now completed. And yet writers generally agree with Coleridge in considering that Lear only becomes actually insane at this point, and some indeed have endeavoured to mark the precise expression which indicates the change from sanity to insanity. That which they (under the vulgar error that raving madness, accompanied by delusion, is alone to be considered real insanity) take to be the first signs, I may enquire into as the signs of the first crisis, or complete development of the disease. It is to be remarked that Lear's first speeches in the storm, beginning

"Blow winds and crack your cheeks; rage, blow!"

"Rumble thy bellyfull, spit fire, spout rain!"

and even his frantic demeanour, as he contends unbattered with the elements, are the same in character as his language and conduct have been hitherto. There is no difference in quality, although the altered circumstances make the language more inflated, and the conduct more wild. He has, before this time, threatened, cursed, wept, knelt, beaten others, beaten his own head. Under the exciting influence of exposure to a storm so terrible as to awe the bold Kent who never, since he was a man, remembers the like; under this excitement, it is no wonder that the "poor, infirm, weak, and despised old man," should use the extremest emphasis of his eloquence. These speeches, therefore, do not more appear the frantic rant of insanity than much which has

preceded them ; still less can I admit, as evidence of delusion, the accusation directed against the elements, that they are "servile ministers" of his "pernicious daughters." This seems but a trope of high-flown eloquence, consistent with the character and the circumstances. The real critical point where delusion first shews itself I place a little further on, where Lear for the first time sees Edgar, and infers, with the veritable logic of delusion, that a state of misery so extreme must have been the work of his unkind daughters. Before this point, however, is reached, an event occurs very notable, although likely to escape notice, than which there is nothing in this great case from the poet's note book more remarkably illustrating his profound knowledge of mental disease, not only in its symptomatology, but in its causation and development. It is *the addition of a physical cause* to those moral causes which have long been at work.

Lear's inflated speeches, which indicate resistance to the warring elements, are followed by a moment of resignation and of calm, as if he were beaten down by them. He "will be a pattern of all patience." He thinks of the crimes of other men, in that speech of regal dignity : "Let the great gods find out their enemies now." He is "a man more sinned against than sinning." The energy of rage and of frantic resistance has passed by. Calmer thought succeeds, and then comes this remarkable admission :

"My wits begin to turn,

Come on my boy. How do'st my boy ? art cold ?

I'm cold myself. Where is this straw, my fellow ?

The art of our necessities is strange,

That can make vile things precious. Come ; your hovel ;

Poor fool and knave, I've one string in my heart

That's sorry yet for thee."

The import of this must be weighed with a speech in the last act, when Lear is incoherent and full of delusion, but calmer than at this time, and with the reason and impertinency mixed of complete mania :

"When the rain came to wet me once, and the wind to make me chatter ; when the thunder would not peace at my bidding, there I found 'em, there I smell'd 'em out. Go to, they are not men o' their words ; they told me I was everything : 'tis a lie : I am not ague proof."

This is thoroughly true to nature. Insanity, arising from mental constitution, and moral causes, often con-

tinues in a certain state of imperfect development ; that state which has been somewhat miscalled by Pritchard, moral insanity ; a state of exaggerated and perverted emotion, accompanied by violent and irregular conduct, but unconnected with intellectual aberration, until some physical shock is incurred—bodily illness, or accident, or exposure to physical suffering ; and then the imperfect type of mental disease is converted into perfect lunacy, characterised by more or less profound affection of the intellect, by delusion or incoherence. This is evidently the case in *Lear*, and although I have never seen the point referred to by any writer, and have again and again read the play without perceiving it, I cannot doubt from the above quotations, and especially from the second, in which the poor madman's imperfect memory refers to his suffering in the storm, that Shakespeare contemplated this exposure and physical suffering as the cause of the first crisis in the malady. Our wonder at his profound knowledge of mental disease increases, the more carefully we study his works ; here and elsewhere he displays with prolific carelessness a knowledge of principles, half of which, if well advertized, would make the reputation of a modern psychologist.

It is remarkable, that in the very scene where *Lear*'s madness is perfected, his first speeches are peculiarly reasoning and consecutive. Shakespeare had studied mental disease too closely, not to have observed the frequent concurrence of reason and unreason ; or the facile transition from one state to the other. In *Lear*, his most perfect and elaborate representation of madness, he never represents the mental power as utterly lost ; at no time is the intellectual aberration so complete that the old king is incapable of wise and just remark. He is as a rudderless ship, which fills her sails from time to time, and directs her course aright, and to the eye observing for the moment only, her stately and well directed course speaks of no want of guidance ; but inward bias, or outward force, destroys the casual concurrence of circumstances to produce a right direction, and the next moment she is tossing in the trough of the sea, with sails a-back, drifting helpless, the sport of wind and wave.

Lear's first speech in this scene, contains a profound psychological truth : Kent urges him to take shelter in a hovel from the tyranny of the night, too rough for nature to endure ; *Lear* objects that the outward storm soothes that which rages within, by diverting his attention from it ; which he may well feel

to be true, though the exposure and physical suffering are at the very time telling with fearful effect upon his excited, yet jaded condition. In the excitement of insanity physical injury is not perceived, for the same reason that a wound is not felt in the heat of battle. But the injury is not the less received, and the sanatory guardianship of pain being abrogated, is more likely to be endured to a fatal extent without resistance or avoidance. It is a cruel mistake, that the insane are not injured by hardships from which they do not appear to suffer. I have heard a barrister use the argument to exonerate the most heartless and cruel neglect.

"*Lear.* Thou thinkst 't is much, that this contentious storm
Invades us to the skin : so 'tis to thee ;
But where the greater malady is fix'd
The lesser is scarce felt. Thou'dst shun a bear ;
But if thy flight lay toward the roaring sea,
Thou'st meet the bear i' the mouth. When the mind 's free
The body 's delicate : the tempest in my mind
Doth from my senses take all feeling else,
Save what beats there—filial ingratitude !

* * *

O, that way madness lies ; let me shun that ;
No more of that"—

This is the last speech of which there have been so many, expressing the consciousness of coming madness, which now yields to the actual presence of intellectual aberration ; the excited emotions of unsound mind giving place to the delusions and incoherence of mania. There is one more speech before delusion appears. Lear will not enter the hovel because the tempest "will not give him leave to ponder on things which would hurt him more ;" and yet he yields with meekness unnatural to him : he will go in, and then "I'll pray and then I'll sleep ;" and then comes that calm and pitiful exordium to houseless poverty, that royal appeal for "poor naked wretches," whose cause has been pleaded in these recent days, with so much success by the great power which now acts in the place of despotic authority—the power of the press. What Lear thought, under the tyranny of the wild storm, the great and wealthy have recently felt under the newspaper appeals, which have so forcibly and successfully brought the cause of the houseless poor to their knowledge.

And now intellectual takes the place of moral disturbance. It is remarkable how comparatively passionless the

old king is, after intellectual aberration has displayed itself. It is true, that even in his delusions he never loses the sense and memory of the filial ingratitude which has been the moral excitant of his madness ; but henceforth he ceases to call down imprecations upon his daughters ; or with confused sense of personal identity, he curses them, as the daughters of Edgar. It is as if in madness he has found a refuge from grief, a refuge which Gloster even envies when he finds his own wretchedness "deprived that benefit to end itself by death :"

"*Gloster.* The king is mad. How stiff is my vile sense,
That I stand up and have ingenious feeling
Of my huge sorrows ! Better I were distract :
So should my thoughts be severed from my griefs ;
And woes by strong imaginations lose
The knowledge of themselves."

To lose the sovereignty of reason is, indeed, to be degraded below humanity :

"A sight most pitiful in the meanest wretch,
Past speaking of in a king !"

and yet, like the grave itself, it may be a refuge from intense agony. As the hand of mercy has placed a limit even to physical suffering in senseless exhaustion or forgetful delirium, so in madness it has raised a barrier against the continuance of the extreme agony of the soul. Madness may, as in acute melancholia, be the very climax of moral suffering ; but in other forms it may be, and often is, the suspension of misery—the refuge of incurable sorrow. This is finely shewn in Lear, who, from the time that his wits, that is, his intellect, unsettle, is not so much the subject as the object of moral pain. His condition is past speaking of to those who look upon it, but to himself it is one of comparative happiness, like the delirium which shortens the agony of a bed of pain. The second crisis, indeed, arrives—the crisis of recovery ; and then he experiences a second agony like that of a person reviving from the suspended animation of drowning.

The king recognizes, in Edgar's miserable state, a reflection of his own ; and the intellect, now in every way prepared by the accumulation of moral suffering and physical shock, falls into delusion and confusion of personal identity :

"*Lear.* Hast thou given all to thy two daughters ?
And art thou come to this ?"

"*Lear.* Now, all the plagues that in the pendulous air
Hang fated o'er men's faults, light on thy daughters !

Kent. He hath no daughters, sir.

Lear. Death, traitor ! nothing could have subdued nature
To such a lowness, but his unkind daughters—
Is it the fashion, that discarded fathers
Should have thus little mercy on their flesh ?
Judicious punishment ! 't was this flesh begot
Those pelican daughters."

The next speech is a wonderful example of reason and madness. He seizes, in Edgar's nakedness, upon the first suggestion of that train of thought which makes him the grand Sartor Resartus of poetry :

"*Lear.* Thou were better in thy grave, than to answer with
thy uncovered body this extremity of the skies.—Is man no
more than this ? Consider him well : Thou owest the worm
no silk, the beast no hide, the sheep no wool, the cat no
perfume :—Ha ! here's three of us are sophisticated !—Thou
art the thing itself : unaccommodated man is no more but
such a poor, bare, forked animal as thou art.—Off, off, you
lendings ;—come ; unbutton here." [*Tearing off his clothes.*]

Before this time he has placed a high value upon appearance and outward respect ; man's need must not be argued ; the gorgeous robes and appurtenance of royalty are of exaggerated value in his eyes ; but henceforth all is changed, and the spirit of that philosophy, which has found modern expression in the grotesque and powerful work of Carlyle, pervades all his rational speech. He tears his clothes, not in the common spirit of destructiveness, which instigated the epileptic Orestes to the same act, and which is seen in common operation where madmen are accumulated ; he tears off his clothes as disguises of the real man, as he afterwards tears off the disguise of hypocritical modesty from the simpering dame, whose face presages snow ; as he afterwards tears off the disguises of unequal justice ; and of the scurvy politician with glass eyes ; and of the gilded butterflies of court ; and the pretences of those who affect to look into the mysteries of things as if they were God's spies ; the disguise, that is, of knowledge not possessed, the very inmost rind of Teufelsdröck himself, the disguise of philosophy. This tendency of thought is the ground of Lear's second delusion ; he recognizes in Edgar, a philosopher, one who has practically reduced man

to his elements ; and he holds to the idea to the end of the scene :

“ First let me talk with this philosopher :
What is the cause of thunder ? ”

He is serious enough in the opinion :

“ Let me ask you one word in private. ”

He will not go into the shelter which Gloster at so much risk has provided, unless he is accompanied by his “ philosopher,” his “ good Athenian ; ” and Gloster and Kent are fain to permit the companionship of the abject Edgar : “ Let him take the fellow. ” But in the next scene in the farm house, this delusion has given way to a third : Edgar and the Fool are believed to be the high justiciaries of the kingdom, before whom Goneril and Regan shall be tried. This easy change of delusion is true to the form of insanity represented : acute mania, with rapid flow of ideas, and tendency to incoherence. In the more chronic forms of insanity, the delusions are more permanent ; but in this form they arise and subside, giving place to others, with the rapidity thus faithfully represented.

At every stage the king recognizes his own madness. At this point, when the somewhat blind perceptions of Kent have only just recognized the fact, that “ his wits begin to unsettle,” Lear eagerly acknowledges the completed reality :

“ *Fool.* Pr’ythee, nuncle, tell me, whether a madman be a gentleman, or a yeoman ?

Lear. A king ! a king ! ”

There never yet was an idea, sane or insane, which had not its origin in a sensation, physical or emotional, or in another idea. The laws of the genesis of thought are not abrogated in insanity : they only differ from those of the healthy mind, as the physical laws of pathology differ from those of physiology. Man’s knowledge, indeed, of mental law, is far less precise than that of physical law, and he is far less able to trace its disturbed action. The means of making a probable conjecture at the genesis of Lear’s delusions are, however, left us. The first, respecting Edgar’s supposed daughters, is suggested by the lowness to which his nature is subdued, which could only be through his unkind daughters. The second is suggested by Edgar’s naked, unaccommodated manhood. The third appears to have had its origin in a slighter suggestion, the

sight of a pair of joint stools, hard and warped, whom the poor madman likens to his daughters, and for whose trial he suddenly extemporizes a court of justice :

"*Lear.* It shall be done, I will arraign them straight :—
Come, sit thou here, most learned justicer :— [*To Edgar.*
Thou, sapient sir, sit here. [*To the Fool.*—Now, you she
foxes !— * * *

Bring in the evidence.—

Thou robed man of justice, take thy place :— [*To Edgar.*
And thou, his yoke-fellow of equity, [*To the Fool.*
Bench by his side :—You are of the commission,
Sit you too. [*To Kent.*

Edg. Let us deal justly.

Sleepest or wakest thou, jolly shepherd ?

Thy sheep be in the corn ;

And for one blast of thy minikin mouth,

Thy sheep shall take no harm.

Pur ! the cat is grey.

Lear. Arraign her first ; 't is Goneril. I here take my oath before this honourable assembly, she kicked the poor king her father.

Fool. Come hither, mistres ; Is your name Goneril ?

Lear. She cannot deny it.

Fool. Cry you mercy, I took you for a joint-stool.

Lear. And here's another, whose warp'd looks proclaim
What store her heart is made of.—Stop her there !
Arms, arms, sword, fire !—Corruption in the place
False justicer why hast thou let her 'scape ?"

Were it not for the comments of Kent and Edgar, this scene would read as if Lear threw some voluntary mockery unto it ; but his amazed look which we learn from Kent, and the pity with which Edgar is overwhelmed, prove its sad earnestness. It would be most interesting could we know how this scene was actually played under the direction of Shakespeare. It does not seem probable that he wished to represent Lear as the subject of so extreme an hallucination as that his daughters were present, in their own figure and appearance, and that one of them escaped. It is more probable that he wished to represent them, personified by the excited imagination, in the form of the stools ; and that Kent or Edgar, seeing the bad effects which this vivid personification was working, snatched away one of the stools ; and this produced the passionate explosion on Regan's supposed escape.

There is little, indeed, which, in the features of madness, Shakespeare allowed to escape his observation. Here, thrown out with the carelessness of abundant wealth, is the knowledge that the accusations of the insane are worthless as evidence : "I here take my oath before this honourable assembly that she kicked the poor king, her father." The honourable assembly, doubtless, did not believe the precision of this statement ; but assemblies more honourable, and real official persons, who, at least, ought to possess a larger knowledge of the peculiarities of the insane, have given credence to the accusations of lunatics, like to this of Lear's, except that they had no foundation in the reality of unkindness :

"'Tis the times' plague when madmen lead the blind."

In the speech, "Let them anatomize Regan," &c., passion has subsided into reflection ; the storm is past, the poor old heart is tranquilized by exhaustion, the senses are falling into the blessed oblivion of sleep :

"Make no noise, make no noise ; draw the curtains :
So, so ;—we'll go to supper in the morning."

Even Kent now acknowledges that his dear master's wits are gone ; but trouble him not, he sleeps, and noble affection watches and hopes :

"*Kent.* Oppress'd nature sleeps :—

This rest might yet have balm'd thy broken senses,
Which, if convenience will not allow,
Stand in hard case."

Hardly so, noble Kent. The mind's malady is too deep-seated to be thus easily cured by nature's effort ; nature's sweet restorer will scarcely balm the wounds which have so long festered. To use a surgical simile, there can be no union by first intention here ; sleep may terminate the brief and sudden insanity of delirium, but not this. If, afterward, his "untuned and jarring senses" are actually restored by the sweet influence of sleep, it was not by the brief and insufficient sleep of exhaustion, but by that of skilful and solicitous medication ; sleep, so long and profound, that it is needful to disturb it ; sleep, the crowning result of successful medical treatment, conducted in the spirit of love and sympathy, and whose final remedy hangs on the sweet lips of Cordelia. In mania, the broken sleep of mere exhaustion does but renew the strength of excitement ; but the profound sleep, resulting from skilful treatment, is often the happy cause of restoration.

The intellectual and excited babbling of the Fool, and the exaggerated absurdities of Edgar, are stated by Ulrici, and other critics, to exert a bad influence upon the king's mind. To persons unacquainted with the character of the insane, this opinion must seem, at least, to be highly probable, notwithstanding that the evidence of the drama itself is against it; for Lear is comparatively tranquil in conduct and language during the whole period of Edgar's mad companionship. It is only after the Fool has disappeared—gone to sleep at mid-day, as he says—and Edgar has left to be the guide of his blind father, that the king becomes absolutely wild and incoherent. The singular and unboubted fact was probably unknown to Ulrici, that few things tranquilize the insane more than the companionship of the insane. It is a fact not easily explicable, but it is one of which, either by the intuition of genius, or by the information of experience, Shakespeare appears to be aware. He not only represents the fact of Lear's tranquility in the companionship of Edgar, of his sudden and close adherence to him, though drawn thereto, perhaps, by delusions; but he puts the very opinion in the mouth of Edgar, although applying it to his own griefs, and not to those of the king.

“Who alone suffers, suffers most i' the mind;
Leaving free things and happy shows, behind:
But then the mind much sufference doth o'er-skip,
When grief hath mates, and bearing fellowship.”

Edgar's assumed madness presents a fine contrast to the reality of Lear's. It is devoid of reason, and full of purpose. It has the fault, which to this day feigning maniacs almost invariably commit, of extreme exaggeration. It imposes upon the unskilful observation of Gloster, Kent, and the others; but could scarcely impose upon any experienced judgment. Had Edgar himself found any future need to repeat his deception, he might have taken lessons as to the truer phenomena of diseased mind from the poor old king, whom he observed from the covert of his disguise, and have represented that characteristic of true madness—“matter and impertinency mixed”—which he entirely fails to exhibit. Edgar's account of his motives for assuming this disguise to escape the hunt after his life, is a curious illustration of the manner in which the insane were permitted to roam the country, in the good old days:

“While I may scape,
I will preserve myself: and am bethought

To take the basest and most poorest shape,
 That ever penury in contempt of man,
 Brought near to beast : my face I'll grime with filth ;
 Blanket my loins ; elf all my hair in knots ;
 And with presented nakedness out-face
 The winds, the persecutions of the sky.
 The country gives me proof and precedent
 Of Bedlam beggars, who, with roaring voices,
 Strike in their numb'd and mortified bare arms
 Pins, wooden pricks, nails, sprigs of rosemary ;
 And with this horrible object, from low farms,
 Poor pelting villages, sheep-cotes and mills,
 Sometimes with lunatick bans, sometimes with prayers,
 Enforce their charity.—Poor Turlygood ! poor Tom !
 That's something yet ;—Edgar I nothing am.

In Disraeli's "Curiosities of Literature," an interesting and learned account is given of the singular mendicants, known by the name of "Toms o' Bedlam." Bethlem at the time when Shakespeare wrote, "was a contracted and penurious charity," with more patients than funds, and the governors were in the habit of relieving the establishment by discharging patients whose cure was very equivocal. These discharged patients, thrown upon the world without a friend, wandered about the country chanting wild ditties, and wearing a fantastical dress to attract the notice and the alms of the charitable. Sir Walter Scott suggested to Disraeli, "that these roving lunatics were out-door pensioners of Bedlam, sent about to live as well as they could on the pittance granted by the hospital." But, in addition to the true "Tom," there was a counterfeit who assumed the grotesque rags, the staff, the knotted hair of the real one, to excite pity or alarm, and to enforce undeserved charity. These men, who are described by Decker in his "English Villanies," were called "Abram men," and hence the phrase current to the present day, to "sham Abram:" they had a cant language, a silly, rambling "*maund*," or phrase of begging. The fullest source of information on this subject Disraeli found in a manuscript note transcribed from some of Aubrey's papers, which singularly elucidates a phrase which has been the subject of some "perverse ingenuity" among the critics—"Poor Tom, thy horn is dry!"

"Till the breaking out of the civil wars, *Toms of Bedlam* did travel about the country ; they had been poor, distracted

men, that had been put into Bedlam, where, recovering some soberness, they were licentiated to go a begging, *i. e.*, they had on their left arm an armilla, or iron ring for the arm, about four inches long, as printed in some works; they could not get it off. They wore about their necks a great horn of an ox, in a string or bawdry, which, when they came to a house they did wind; and they put the drink given them into this horn, whereto they put a stopple. Since the wars I do not remember to have seen any one of them."

The whole description of these Toms o' Bedlam and their counterfeits—"the proggings Abram men," as they are given by Disraeli, from Decker and other old authors—affords a curious illustration of the fidelity of Shakespeare's delineation of character, even when most grotesque and apparently unnatural. The assumed character of Edgar bears the most exact resemblance to the description of these beings, as it has been dug out of the past by the researches of this author.

What can be said of the Fool? What can be thought of him? Fool he was not, in the sense of lack of wisdom or of knowledge. He is as individualized and unique as any character in Shakespeare. He is Jacques with a cap and bells, and a gay affectionate temper. He is a spiritualized and poetical Sancho Panza, and, like him, adds to the sadness of the tale by the introduction of ridiculous images: for of Lear it may be said, as Byron said of Don Quixote:

"Of all tales 't is the saddest—and more sad
Because it makes us laugh."

Shakespeare represents his other fools as mere ornaments and appendages to the tale, the grinning gurguils of his structure: but the fool in Lear is an important character, a buttress of the tale. It is through him that Lear first gets into trouble with his dog-hearted daughter. Lear loves him, and he loves Cordelia, and thus there is a bond of affection which knits him to the two as part of the family. His reckless and all-licensed speeches serve the part of the Greek chorus in explaining many things which would not otherwise be so readily intelligible. Altogether, his child-like affection to Cordelia, his devoted attachment to the king, his daring contempt for the bad daughters, his profound insight into the motives of human action cynical yet tempered by love, render him a most charming character, and give him an easy pre-eminence

over all others who have philosophised in motley. Although called a boy, his great knowledge of the heart indicates his age to have been at least adult. So far from being in any degree imbecile, his native powers of intellect are of the finest order. His wayward rambling of thought may be partly natural, partly the result of his professed office, an office then held in no light esteem. In physique he is small and weak. His suffering from exposure to the inclement night excites Lear's tender compassion, even in his wildest mood, and it does in effect extinguish his frail life. A waif of wayward un-muscular intellect in an age of iron. An admirable union of faithful affection with daring universal cynicism; he also illustrates the truth of the opinion, that the scoffer and the hater are different beings. The "comic sublime" of this character forms a grotesque counterpart and contrast to that of the king, and heightens the effect while it relieves the pain of the tragic development.

Ulrici has some excellent remarks on the supreme art of this contrast:

"Nowhere has Shakespeare pushed the comic into so close and direct proximity with the tragic, and with no one else has the great hazard of doing so, succeeded as with him. Instead of thereby for one moment injuring the tragic effect, he has known how, by this means, wonderfully to exalt and strengthen it; not only does the wisdom of the Fool make, by contrast, the folly of the king and its tragic meaning more conspicuous; not only does he thus, on all occasions, hold up a mirror to the thoughts and acts of others, and through its reflex greatly strengthen the light of truth; but yet more in the profound humour of the Fool, a depth of intelligence conceals itself, upon which the tragical world-intuition (*Weltanschauung*) generally rests. To this humour, the tragic art, as it were, allies itself, in order to place her deepest innermost centre nearer to the light. This genuine humour of the Fool plays, as it were, with the tragic; to him pleasure and pain, fortune and misfortune are synonymous; he jests with the griping suffering and fate of earthly existence; death and annihilation are a jest to him. On this account he stands above the earthly existence and its tragic side; and he has already attained the aim of the tragic art, the elevation of the human spirit over the mere life of this world, with its sufferings and doings; this appears in him, as it were, personified. His very humour is in its conception, the comic sublime. Wonder has

been expressed that the poet should confer such magnanimity and intelligence on one who has degraded himself to the position of a mere jester. I can only admire therein the profound wisdom of the master ; for when life itself is nothing to a man, his own position in life will be nothing to him ; and the lowliest lot will be preferred and selected, because it expresses most clearly our real elevation."

In Lear's next appearance a change has taken place both in his circumstances and his in state. He has arrived at Dover, and he

"Sometimes, in his better tune, remembers
What we are come about, and by no means
Will yield to see his daughter."

The memory of his own harsh and cruel conduct to this dear daughter, and the burning shame he feels, detain him from her. It appears from his subsequent interview with her, that apprehension of Cordelia's hatred affords another motive. "I know you do not love me." His old love for her indeed has returned, and he will take poison from her hands if she wills it ; but the poor vexed mind cannot perceive that Cordelia differs from her sisters ; differs so much as to lead Kent to declare that human disposition is the sport of fate, and not the result of law ; that injuries cannot weaken her love, even as unbounded benefits could not secure theirs. Lear is no longer surrounded by the sympathising but grotesque companionship of his first maniacal hours. The dearly loved fool has strangely disappeared ; his frail existence ceases, without sign or comment. Edgar is transformed from mad Tom into the peasant guide of his blind father. Some dear cause must also wrap Kent in concealment until the catastrophe arrives ; he leaves an un-named gentleman to attend his master, and the poor madman escapes from the stranger's watch and guard, and roams in the fields alone, as Cordelia so touchingly describes :

Cor. Alack, 'tis he ; why he was met even now
As mad as the vex'd sea : singing aloud ;
Crown'd with rank fumiter, and furrow weeds,
With harlocks, hemlock, nettles, cuckoo-flowers,
Darnel, and all the idle weeds that grow
In our sustaining corn.—A century send forth ;
Search every acre in the high-grown field,
And bring him to our eye.

What can man's wisdom do,
In the restoring his bereaved sense?
He that helps him, take all my outward worth.

Phy. There is means, madam :
Our foster-nurse of nature is repose,
The which he lacks ; that to provoke in him,
Are many simples operative, whose power
Will close the eye of anguish.

Cor. All bless'd secrets,
All you unpublish'd virtues of the earth,
Spring with my tears ! be aidant, and mediate,
In the good man's distress !—Seek, seek for him ;
Lest his ungovern'd rage dissolve the life
That wants the means to lead it.

The word rage seems here used not to designate passion, but the frenzy of maniacal excitement ; at this time it is not passionate, but tending rather to gaiety. The first phase of mania was emphasized by the memory of recent injury ; and although even then the passionate indignation was subdued from the intense bitterness which the first sense of his daughters' conduct occasioned, the emotional state was that of anger and sorrow. After the interval which has elapsed between the sudden flight from the neighbourhood of these daughters who were plotting against his life, and his reappearance at Dover with Cordelia's blessed succour nigh, the emotional state has changed into one less painful, yet indicating more profound disease. The proud and passionate king is now wild and gay, singing aloud, crowned with wild flowers ; his incoherence is sometimes complete, and no idea rests in his mind with sufficient tenacity to be called a delusion. This new phase of mania is as wonderfully and exactly true to nature as the one which it follows in consistent development. The more perfect incoherence is now dissociated from formal delusion. The emotional disposition natural to the man, and hitherto exaggerated by the wrongs he has suffered, is now completely lost and perverted by the progress of disease. Though he forgets that he is no longer a king, the regal deportment is altogether lost ; though he does not forget his daughter's injuries, and can compare their conduct with that of Gloster's bastard, the fierceness of anger is quenched. The state of mind in which a delusion is suggested by a casual circumstance, just as a dream is suggested by casual sensations, in which the false idea thus originating is dwelt

upon and examined in its various bearings, as if it were the representative of truth in a sane mind, this intellectual state has given way to the one of more profound injury called incoherence, in which false mental associations and false ideas arise and fade too easily, too transiently to be called delusions. A dozen false ideas chase each other in half as many minutes. Strictly speaking, perhaps each of the false idea-images of incoherence deserves the name of delusion, although it is not usually given. The simple and important fact may be stated with regard to Lear thus: that in the first phase of his mania the false ideas were few, and had some consistency and duration; in the present phase they are numerous, disjointed, and transitory:

Edg. The safer sense will ne'er accommodate
His master thus.

Lear. No, they cannot touch me for coining; I am the
king himself.

Edg. O thou side-piercing sight!

Lear. Nature's above art in that respect.—There's your
press-money. That fellow handles his bow like a crow-
keeper: draw me a clothier's yard.—Look, look, a mouse!
Peace, peace;—this piece of toasted cheese will do 't.—There's
my gauntlet: I'll prove it on a giant.—Bring up the brown
bills.—O, well flown bird!—i'the clout, i'the clout: hewgh!—
Give the word.

Edg. Sweet marjoram.

Lear. Pass.

Glo. I know that voice.

Lear. Ha! Goneril!—with a white beard!—They flattered
me like a dog; and told me I had white hairs in my beard,
ere the black ones were there. To say ay, and no, to every
thing I said!—Ay and no too was no good divinity. When
the rain came to wet me once," * *

The withering denunciation of incontinency, "The wren
goes to 't," &c., and the grander one of injustice, "Thou rascal
beadle," &c., are too consecutively reasoned for the king's
state of mind at this period. The apparent inconsistency is
only to be accounted for by Lear's inherent grandeur of
thought and natural eloquence, which even in frenzy rolls
forth its magnificent volume, like nothing else I know of
in poetry. It is not common to see incoherence alter-
nating with the precise expression of complex thought, but
I have sometimes observed the phenomenon when the com-
plex thoughts, so expressed, have formed a part of the hoarded

treasures of the mind. And so it must be with Lear; the eloquence of his madness is partly the result of an imagination naturally vivid and now stimulated to excess, and of an involuntary display of oratorical power, native to the man, and partly of profound knowledge of human nature, acquired during an age of practical kingship. He speaks, as the bird sings, from inborn force, which neither anger, nor grief, nor madness, nor the pangs of approaching death, can subdue.

Blind Gloster's reflection upon the ruin of such intellect is truly grand, for what is the inert world that it should outlast the spirit which dwelleth therein? What is the beauty of nature without eyes to behold it, or its harmony without mind to rejoice in it?

Glo. O ruined piece of nature! This great world
Shall so wear out to nought. Dost thou know me?

Lear. I remember thine eyes well enough—
Dost thou squiny at me?
No, do thy worst, blind cupid, I'll not love.—
Read thou this challenge; mark but the penning of it."

Stark madness again instantly following reasoning eloquence; the eyeless orbits of an old friend but the occasion of an incoherent jest. The thoughts are now the mere sport of the suggestive faculty. Any slight circumstance may give rise to the most earnest, any impressive object or terrible incident may give rise to the most trivial or wayward notions. His old friend's great calamity is lost in his own, and does but suggest absurd comparisons and empty quibbles.

The quibble on seeing without eyes induces the comments on the justice and thief, and the dog in office, beginning prosaically and rising into the grand poetic climax, and ending in mere incoherence.

"None does offend, none, I say, none; I'll able 'em :
Take that of me, my friend, who have the power
To seal the accuser's lips. Get thee glass eyes;
And, like a scurvy politician, seem
To see the things thou dost not.—Now, now, now, now :
Pull off my boots :—harder, harder; so.

Edg. O, matter and impertinency mix'd !
Reason in madness !

Lear. If thou wilt weep my fortunes, take my eyes.
I know thee well enough; thy name is Gloster :
Thou must be patient; we came crying hither.

Thou know'st, the first time that we smell the air,
We wawl, and cry :—I will preach to thee ; mark.

Glo. Alack, alack the day !

Lear. When we are born, we cry, that we are come
To this great stage of fools ;——This a good block ?—
It were a delicate stratagem, to shoe
A troop of horse with felt : I'll put it in proof ;
And when I have stolen upon these sons-in-law,
Then, kill, kill, kill, kill, kill, kill."

Here is the inexpugnable notion of kingly power, then the rambling "pull off my boots,"—then tardy pity for Gloucester and consolation in the spirit of the doctrine that we are born to trouble ; then the strange idea chain, that consolation shall be given in the form of a religious discourse, which brings the hat under observation, "a good block ;" this the silent cavalry and the stolen revenge. A more perfect representation of wandering intellect it is impossible to conceive. Even his own pitiful recognition of his state assumes a form of expression, half incoherent, half poetical. He no longer distinguishes friends from foes, and with other changed feelings, he has become susceptible of fear. When this is removed, he perceives clearly enough that his personal liberty is not secure even from his friends, and away he decamps, poor old king, a veritable type of gay, incoherent mania. Incoherency, the characteristic of rapid and irregular idealization, is so far from being a definite quality, like a clear-cut delusion, that its degree may vary from the slight fault in the sequence and order of ideas, which may be observed in the earliest stages of excitement from wine, to that ceaseless and utterly unintelligible babble, which is observed in some chronic lunatics. Extreme degrees of incoherency are invariably associated with advanced decay of the mental powers. Perception and memory are greatly enfeebled ; the power of comparison is clean gone. A ceaseless flow of shallow images ripples over the mind, and continues ever after. All power of attention to new objects is lost ; in some cases the babble of words appears to be continued, even after the mind has ceased to reflect the pale spectres of thought which they once represented. In Lear, incoherence, although the characteristic feature of his madness at this phase, has not attained this advanced degree. The force of the perceptions are uncertain, but they are not always weak : the memory still gives light, although it flickers : and the power of comparison is vigorous, although its exercise is vagrant. The incoherence arises more from the irregu-

larity and strangeness of idea suggestion than from its want of power. The links of the chain of thought lie tumbled and confused, but are not broken. And what links they are ! Some of gold, some of iron, some of earth ! The finest poetry, the noblest sentiment, the strongest sense, held together by absurdity and grossness !

The ruins of this mind are grand and beauteous, even in their fragments. Breadth of imagination and loftiness of diction have never attained fuller development than in his burning words. Wide as the scope of human nature in his passions, in his love and in his hate, in his sympathy and in his censure ; he is a man to be dreaded, even in his fallen state, by such creatures as Goneril and Regan ; a man to be loved unto death by all good natures, however diverse from each other, by the blunt Kent, the rash Gloster, the witty fool, the firm, self-contained, yet devoted and gentle Cordelia. We see all his greatness reflected in the feelings he inspires.

The scene of Lear's restoration, touching and beautiful as it is, does not quite follow the probable course of mental change, with the same exact and wondrous knowledge of insanity as that hitherto displayed. A long and profound sleep has been induced by the physician ; this it is thought needful to interrupt, and, in order that the sensations on awaking may form a striking contrast to those which had preceded sleep, the patient must be awoke by music, and the first object on recovering consciousness must be that of his dear child :

Phys. So please your majesty,
That we may wake the king ? he hath slept long.

Cor. Be govern'd by your knowledge, and proceed
I'the sway of your own will. Is he array'd ?

Gent. Ay, madam ; in the heaviness of sleep,
We put fresh garments on him.

Phys. Be by, good madam, when we do awake him ;
I doubt not of his temperance.

Cor.

Very well.

Phys. Please you, draw near.—Louder the music there."

This seems a bold experiment, and one not unfraught with danger. The idea that the insane mind is beneficially influenced by music is, indeed, a very ancient and universal one ; but that the medicated sleep of insanity should be interrupted by it, and that the first object presented to the consciousness should be the very person most likely to excite profound emotion, appear to be expedients little calculated to promote that tranquillity of the mental functions,

which is, undoubtedly, the safest state to induce, after the excitement of mania. A suspicion of this may have crossed Shakespeare's mind, for he represents Lear in eminent danger of passing into a new form of delusion. The employment of music in the treatment of the insane would form an interesting chapter in the history of ancient and modern psychology. The earliest note of it is in Holy Writ: "And it came to pass, when the evil spirit from God was upon Saul, that David took an harp and played with his hand, so Saul was refreshed, and was well, and the evil spirit departed from him" (1 Sam. xvi.) In Elisha it produced inspiration: he called for a minstrel, and "when the minstrel played, the hand of the Lord came upon him" (2 Kings iii.) Asclepiades effected many cures of insane persons by this means; and Galen reports that Æsculapius did the same. "Jason Pratensis (cap. de maniâ) hath many examples how Clinias and Empedocles cured some desperately melancholy, and some mad, by this, our music."—*Burton*. But there is danger in its use, "for there are some whom," saith Plutarch, "*musica magis dementat quam vinum*." In modern times, the greatest advocate for music in the treatment of insanity, hath been Dr. Mason Cox, who employed it systematically, and, as he relates, with the best effect. Frank also employed it, and he relates the instance of a young person affected with periodical insanity, who, every time he heard the sound of music, was seized with a furious paroxysm of mania. Dr. Knight had seen its tranquilizing and beneficial effects in numerous cases, and had never seen it do harm; but yet he could not think its employment safe in excited and recent cases. Guislain distinguishes its use—1st, as exercising the mind of the patient who executes; and, 2nd, when played by others, as producing effects upon the nervous system through the emotions. In the first of these modes, its employment is, undoubtedly, beneficial as a means of recreation; but modern physicians appear to have little faith in its effects when simply listened to. Either the nerves are less delicately strung than formerly, or the quality of music is deteriorated, or the power of medical faith has decayed; of which explanations the latter is, probably, the true one. Still, credence is given to its power in certain conditions; for instance, the national melodies of mountain countries are said to possess a most wonderful influence on the nerves. The *ranz des vaches* causes melancholy in the Switzer; and Locheil, in the shrill screams of the bagpipe, is said to produce the effect of making a Scotchman ardently desire to return to his own country.

Shakespeare tells us another remarkable consequence of listening to the Highland music. A physiological explanation, however, may be offered of Shylock's assertion, that some men, "when the bagpipe sings in the nose, cannot contain their urine," namely, that the musical performance described merely meant a violent fit of sneezing; which might easily, in nervous persons, occasion the peculiar effect attributed to it. It is the forcing strain of interrupted respiration, and not the exciting strain of the pibroch, which is meant; and are not some notes of the bagpipe marvellously like a musical sneeze?

When Lear awakes with the loud music ringing in his ears, and finds himself once more in royal state and apparel, and with Cordelia at his feet, fancy flashes upon him the idea that he has past the dread bourne of life. Remembrance fails, and even personal identity needs verification.

Lear. You do me wrong, to take me out o' the grave :—
Thou art a soul in bliss; but I am bound
Upon a wheel of fire, that mine own tears
Do scald like molten lead.

Cor.

Sir, do you know me?

Lear. You are a spirit, I know; When did you die?

Cor. Still, still, far wide!

Phys. He's scarce awake; let him alone awhile.

Lear. Where have I been? Where am I?—Fair day-light?—
I am mightily abus'd.—I should even die with pity,
To see another thus.—I know not what to say.—
I will not swear these are my hands :—let's see;
I feel this pin prick. 'Would I were assur'd
Of my condition.

Cor.

O, look upon me, sir,

And hold your hand in benediction o'er me :—
No, sir, you must not kneel.

Lear.

Pray do not mock me :

I am a very foolish fond old man,
Fourscore and upward; not an hour more nor less;
And, to deal plainly,
I fear, I am not in my perfect mind.
Methinks, I should know you, and know this man;
Yet I am doubtful: for I am mainly ignorant
What place this is: and all the skill I have
Remembers not these garments; nor I know not
Where I did lodge last night: Do not laugh at me;
For, as I am a man, I think this lady
To be my child Cordelia.

Cor.

And so I am, I am.

Lear. Be your tears wet? Yes, 'faith. I pray, weep not :
If you have poison for me I will drink it.
I know you do not love me ; for your sisters
Have, as I do remember, done me wrong :
You have some cause, they have not."

"*Phys.* Be comforted, good madam : the great rage
You see, is kill'd in him : and yet it is danger
To make him even o'er the time he has lost.
Desire him to go in : trouble him no more,
Till further settling.

Cor. Will't please your highness walk ?

Lear. You must bear with me :
Pray you now, forget and forgive ; I am old and foolish."

The idea that death is past is half a delusion, half a dream, in which the objects of sense are visible while the judgment is not sufficiently awake to interpret them. When he does awake, the mind, suffering from the weakness which follows fierce excitement, cannot comprehend the new circumstances which surround him—the unknown place and the royal robes. But, first of all, the poor patient would assure himself that he is a living sentient being, and not a soul in torture, as the fearful dream has represented. The half-timid enquiries into his state and surroundings, represent both exhaustion and calmness. This self-examination and interrogation is a common feature in convalescence from insanity ; although, it must be admitted, that the transactions here represented, and as the exigences of the drama perhaps require that they should be represented, are more sudden and distinct than the real operations of nature. Lear's timid consciousness of infirmity of mind, "I fear I am not in my perfect mind," is in fine contrast to the energetic assertion of his frantic state : "Let me have surgeons, I am cut to the brains." The statement of his age affords a delicate touch of that intellectual weakness which accompanies the state of repose and exhaustion. He does not see that four-score and upward is not an exact, but an inexact statement. "Be your tears wet," seems a return to the half-dream, half-delusion ; he still doubts the personality of Cordelia, and when he attains conviction on the point, the idea that she will avenge her wrongs upon him does not at once forsake him ; and yet it lasts not long, and he desires her to forget and forgive. The physician wisely apprehends danger from the weak mind throwing itself back upon the memory of its injuries and

suffering, and interrupts the colloquy. The high honour and worth with which Shakespeare invests the physician here and elsewhere, deserves notice. In *Macbeth*, although the angry king rejects an agency which cannot work social and political cures, the physician is represented as a wise and dignified person. In this play of *Lear* the character is still more exalted; and it would be easy to prove that throughout Shakespeare's writings, there is no character held in more honour than that of the medical man. Even the starved apothecary in *Romeo and Juliet*, is gifted with a conscience. Shakespeare, in this respect, presents a remarkable contrast to Molière, with whom the physician of his day was the favourite butt of ridicule; but Shakespeare's esteem for physic was founded upon knowledge, while Molière's contempt of it was founded upon ignorance; for while the latter sets up the manners and pretensions of the medical pedant as the butt of his ridicule, there is not a passage in his writings which indicates the slightest knowledge of the art or science of the profession which he so assiduously covers with contempt: the gibberish of dog-Latin pretended prescriptions is his nearest approach to it. Shakespeare, on the other hand, evinces so surprising and minute a knowledge of both, that it would be no difficult task to prove from his writings that he had been a diligent student of the healing art, and thence it might be inferred that he had been a doctor's apprentice, with a probability not much below that which has been so ingeniously developed by the Lord Chief Justice, to prove that he was an attorney's clerk. I yield, indeed, to Mr. Payne Collier's theory as argued by Lord Campbell, the precedence of probability, inasmuch as Shakespeare's knowledge of law is technical, while his knowledge of medicine is general, and such as he might have more readily acquired outside the professional limits. His knowledge of law is that which a clerk might possess; his knowledge of medicine is evidently the acquirement of a riper age, capable of resolving observation into principle; a very different thing to the inventory of an apothecary's shop, which Lord Campbell justly scouts as evidence of more than casual remark and faithful memory. The more modest and probable conclusion, however, would seem to be, not that which the lawyer may compliment himself with, nor that which the doctor or the sailor might respectively arrive at, in consequence of his wide knowledge of medical and nautical affairs; but simply, that in Shakespeare the world possessed a man, who, like Aristotle, was endowed with all the knowledge of his time, combined with the divine

gift which the Greek did not possess, of making it available in the most gorgeous employment of fancy and language. He was a naturalist in the widest sense, and a poet in the highest. Infinitely more than Goëthe he merited the title of the Allsided One.

Let us conclude this somewhat professional digression by expressing the opinion, that Shakespeare's prescription for Gloster's empty and bleeding orbits, "flax and the whites of eggs," is good domestic surgery.

When Lear next appears a prisoner with Cordelia, his mental state has again undergone great change. The weakness of exhaustion has disappeared, and the delusion and incoherency of the preceding excitement has yielded to the good influences with which this daughter, thrice blessed in her devoted affection, has balmed the wounded soul. Lear has returned as nearly as possible to his state of mind before the storm and the shock of physical suffering and exposure. Medical treatment and physical comfort, and the blessed influences of affection have soothed his intellectual frenzy. But the moral disturbance remains, with this notable difference, however, that he now gives vent to passionate love, as he formerly did to passionate anger and hate. There is no measure or reason in his love for Cordelia, as there was none in his hatred of Goneril. He forgets his age in one as in the other. In prison he will wear out sects of great ones ; his enemies shall die and rot before he will part with Cordelia, or weep at sorrow which has lost its sting now she is with him.

"*Lear.* Upon such sacrifices, my Cordelia,
The gods themselves throw incense. Have I caught thee?
He that parts us shall bring a brand from heaven,
And fire us hence, like foxes. Wipe thine eyes ;
The good years shall devour them, flesh and fell,
Ere they shall make us weep : we'll see them starve first."

This is not mania, but neither is it sound mind. It is the emotional excitability often seen in extreme age, as it is depicted in the early scenes of the drama, and it is precisely true to the probabilities of the mind history, that this should be the phase of infirmity displaying itself at this moment. Any other dramatist than Shakespeare would have represented the poor old king quite restored to the balance and control of his faculties. The complete efficiency of filial love would have been made to triumph over the laws of mental function. But Shakespeare has represented the exact degree of improvement

which was probable under the circumstances, namely, restoration from the intellectual mania which resulted from the combined influence of physical and moral stock, with persistence of the emotional excitement and disturbance which is the incurable and unalterable result of passion exaggerated by long habitude and by the malign influence of extreme age.

The last scene, in which Lear's tough heart at length breaks over the murdered body of his dear child, is one of those masterpieces of tragic art, before which we are disposed to stand silent in awed admiration. The indurated sympathies of science, however, may examine even the death scene. The first thing to remark is, that there is no insanity in it, that Lear might have spoken and acted thus if his mind had never wandered. He has found Edmund's mercenary murderer hanging Cordelia, so as "to lay the blame upon her own despair." He kills the slave, and with the last remnant of strength carries the dear body into the midst of that heart-struck conclave, where the sisters, who "desperately are dead," already lie. At first he is under the excitement of mental agony, expressing itself in the wild wail :

"Howl, howl, howl! O, you are men of stones;
Had I your tongues and eyes I'd use them so,
That heaven's vault should crack:—She's gone for ever!"

Then follows the intense cruel anxiety of false hope, followed by quick resolve and reasonable action: the demand for the looking glass: the trial of the feather, to ascertain if any faint imperceptible breath remains. Then, the sustaining but fatal excitement over, leaden grief settles upon the heart, and benumbs the feelings to every sense, save one. Noble Kent comes too late with the prepared surprise of his discovery. The wreck of kinghood sits in the midst, with no eyes, no thoughts for living friend or dead foe, for no object save one, the voided temple of his love, now a limp carcase in his nerveless lap. What a group for a sculptor, Lear and Cordelia, types of manly grandeur and female grace, with but half a life between the two! The feather test has failed, and the sweet breath refuses to mist or stain the clear surface of the stone; conviction arrives that "now she's gone for ever," and there is no fire left in the once warm heart for one more angry word, no thought except the passing one of satisfied revenge. She's gone for ever—doubt of the stern fact is past, and death presses on his own heart; feeling is mercifully blunted and thought obscured; imagination is the last to congeal; desire,

father to the thought, makes the dear lips move, and the soft voice invite to follow :

“ Cordelia, Cordelia, stay a little. Ha !

What is't thou say'st ?—Her voice was ever soft,
Gentle, and low ; an excellent thing in woman : ”—

The loyal friends around, Albany and Kent and Edgar, strive to arouse his attention from the gathering stupor, which they do not yet recognize as that of death ; and in banished Kent, now reinstated in the appurtenances and lendings of his rank, an object bound to stimulate attention and curiosity is at hand. But he has put off the revelation of his faithful service, until it is too late to be understood. The king recognizes his person, indeed, even through the gathering mists of death, which beginning at the heart, weakens the circulation through the brain and dims the sight. How constantly does the dying man complain that the room is dark, or that he cannot see. “ Where is your servant Caius ? ” brings a mechanical thought, trifling as it seems, but in true place. The unreflecting movement of the mind, the excito-motory action of the brain, as some would call it, a thought of simple suggestion, which, as involuntary muscular action endures after voluntary power of movement is lost, is the last kind of thought which the dying brain can entertain. The new idea that Caius and Kent are one, cannot be entertained : this requires comparison and a greater power of cerebration than the feeble tide of blood, which is now percolating the brain can provide for.

“ I am old now,
And these same crosses spoil me.—Who are you ?
Mine eyes are not o' the best :—I'll tell you straight.

Kent. If fortune brag of two she lov'd and hated,
One of them we behold.

Lear. This is a dull sight : Are you not Kent ?

Kent. The same ;

Your servant Kent : Where is your servant Caius ?

Lear. He's a good fellow, I can tell you that ;
He'll strike, and quickly too : He's dead and rotten.

Kent. No, my good lord ; I am the very man ;—

Lear. I'll see that straight.

Kent. That, from your first of difference and decay,
Have follow'd your sad steps.

Lear. You are welcome hither.

Kent. Nor no man else ; all's cheerless, dark, and deadly.—
Your eldest daughters have fore-done themselves,

And desperately are dead.

Lear. Ay, so I think.

Alb. He knows not what he says ; and vain it is
That we present us to him.

Edg. Very bootless.

Very bootless ! and yet stupified by dire mischance, they are blind to the near approach of the "veiled shadow with the keys," who is at hand to release this loved and hated one of fortune from his eminence of care. Albany proceeds to make state arrangements, to promise the wages of virtue and the cup of deservings to friends and foes, and to resign his own absolute power to the old majesty, whose heart is beating slower and fainter, whose face is blanching, and whose features are pinching as the life current passes on its way in ever slower and smaller waves, until at length the change of aspect suddenly strikes the dull Duke, and he exclaims, "O ! see, see !" and then one flicker more of reflecting thought, one gentle request, "Pray you undo this button ;" expressing the physical feeling of want of air ; one yearning look on her who 'll "come no more," and the silver thread is loosed, the golden bowl for ever broken.

Lear. And my poor fool is hang'd ! No, no, no life :
Why should a dog, a horse, a rat, have life,
And thou no breath at all ? Thou'lt come no more.
Never, never, never, never, never !—

Pray you undo this button : Thank you, sir.—

Do you see this ? Look on her,—look,—her lips,—

Look there, look there !—

[*He dies.*]

Edg. He faints !—My lord, my lord,—

Kent. Break, heart ; I prithee, break !

Edg. Look up, my lord.

Kent. Vex not his ghost : O, let him pass ! he hates him
That would upon the rack of this rough world
Stretch him out longer.

J. C. B.

L'Amour, par J. Michelet. Deuxième édition. Paris, Hachette et Cie., 1859, 8vo., pp. 416. Droit de traduction réservé.

Love, by M. Michelet.

M. Michelet, the profound historian, the philosophic analyst of character whose ruthless hand formerly lifted the veil from the "priests, women, and families" of Catholic France, has recently found it more prudent, if not more agreeable, to write on subjects which cannot bear a political or theological interpretation, and which are not calculated to bring down upon him the weight of the temporal arm which has so nearly crushed Montalembert, or the animosity of that spiritual rancour, of which he has himself experienced the full bitterness. He has recently issued two books, one on Birds, the other on Women. The one under our present notice is a moral and physiological treatise upon that relation of the sexes which is the foundation of society. It is a strange work ; thoroughly French ; had it been written originally in English, we doubt whether the elevation of its sentiment and the purity of its morality would so far have atoned for the indelicacies of its revelations, as to have saved it from the operation of Lord Campbell's Act. He will be a bold man who dares faithfully and without reserve, even to translate some parts of it, for instance, the chapter on "*La bonne Circé qui administre et gouverne le régime et le plaisir*"; and yet M. Michelet is the first Frenchman who, in modern times at least, has treated this subject in a manner at all worthy of its real dignity, or its vast importance upon the temporal well-being of mankind. Balzac, in his "*Physiologie du Mariage*," has dragged it through the mud of French morals, in cynical unbelief in any human goodness ; while Henri Bayle, in his work bearing the same title as that of M. Michelet, has fluttered wittily and playfully around the subject ; now parading it in a harlequinade of Italian passion ; now condensing the ethereal essence into what he calls the *crystallization* of sentiment. His work is clever, amusing, and trivial. But M. Michelet is a philosopher and a moralist, and he, at least, is terribly in earnest. Its complete title, he says, ought to be, "the enfranchisement of the moral powers through the instrumentality of true love." "The ties of family are founded upon love, and society is

founded upon the family. Love then, precedes all. As the morals are, such will be the city ; and liberty will remain but a word with those who practice the morals of the slave." It is indeed, on behalf of man's temporal welfare alone that M. Michelet raises his hand to tear away the disguises of false modesty, and in his eagerness, perhaps, some of the decent coverings of that which is true. The work does not aspire to that high view which makes it the elevated theme of devout eloquence in Jeremy Taylor's *Sermon on the Ring*.* Still, such as it is, and with all its limitations and defects, it is calculated to make men think seriously and truthfully on matters which men jest upon in public, and allow themselves to be influenced upon in private, by accident, or caprice, or petty interests, as if it were the last and the most trifling, and not the first and weightiest element of their worldly happiness and welfare.

One of M. Michelet's main objects in writing this book, is to advocate marriage at a time when it is becoming a matter of hazardous speculation to those who consider themselves enlightened and civilised in the ways of modern city life. It is a development of those ideas which were recently expressed in leaders and letters in the *Times* newspaper on the social evil, the life of polygamous celibacy, which the luxurious club system promotes. To our readers, who are fully aware, from personal knowledge and statistics, that celibacy is one of the most potent predisposing causes of insanity, a philosophical work which cuts at the root of that selfishness and egotistic cowardice upon which modern celibacy depends, must necessarily be rife with interest. M. Michelet connects the diminution of marriages with suicide, which may be taken as an index of mental disease in a people.

"The terrible irrefragible official figures which I sometimes receive, seem to sound a funeral knell in my ear, and to announce that the race itself, the physical basis of the people, is compromised—thus, the young men, incapable of military service from being dwarfish, hump-backed, or lame, in the seven years from 1831 to 1837, were only 460,000 ; in the seven following years, their number was 41,000 more. Marriages

*"Marriage is the mother of the world, and preserves kingdoms, and fills cities and churches, and even heaven itself. Celibate, like the fly in the heart of an apple, lives in perpetual sweetness, but sits alone, and is confined and dies in singularity ; but marriage, like the useful bee, builds a house and gathers sweetness from every flower, labours and unites into societies and republics, and sends out colonies and feeds the world with delicacies, and obeys their king and keeps order, and exercises many virtues and promotes the interests of mankind, and is that state of good things to which God hath designed the present constitution of the world."—*Jeremy Taylor*.

have been diminishing, and in certain years in a manner quite frightful. In 1851, they were 9,000 less than in the year preceding; in 1852, they were 7,000 less than in 1851, that is to say, 16,000 less than in 1850. The official statistics of 1856 demonstrate that the population diminishes or rests stationary. Marriages yet occur among widowers, but no longer among widows. Add to this the enormous number of women who have committed suicide, or have died of misery. Contemplate the Morgue, and the annals of legal medicine."—p. 386.

Marriage, founded and sustained upon honest love, is Michelet's remedy for this terrible disease of this great people; he sees the cure and the deliverance in an alteration of morals, which shall rescue the young men from the empty and selfish pleasures of the day. He describes a young man rushing into his study and interrupting his labour.

"Monsieur, says he, excuse my strange entrance, but you will not be angry at its cause. The proprietors of certain cafés, and of certain other houses of entertainment, and of certain dancing gardens, complain of your teaching. Their establishments, they say, are a losing affair; the young people acquire a mania for serious conversation, and forget their old habits; in fact, they love after a different fashion. The balls are likely to close; all those who have hitherto gained by amusing the schools, believe themselves menaced by a moral revolution, which, doubtless, will ruin them. I press his hand, saying, if this which you announce should realise itself, it will indeed be to me a triumph and a victory. I wish no other success. On the day when our young men assume serious morals, liberty is saved. That such a result may arrive, and by my teaching, I should hold to be the crown of my life, to place on my tomb. The young man left, and when alone I said, sooner or later I will make them a gift; I will write for them the book of enfranchisement from servile morals, the book of true love."—Introduction, xxix.

As M. Michelet states that every fact asserted in his work, however disguised it may be under poetical or theoretical colouring, is, nevertheless, a fact which has been verified by his own knowledge, we must take this singular incident to be the origin and purpose of this remarkable book. He had long been, he says, a sort of philosophic Father Confessor to the young men of France, and their confiding and transparent souls had revealed many things unto him. He was thus furnished with a great part of that "immense treasure of facts out of which this book was gradually developed."

"But nothing has been of more service to me than the friendship of those to whom everything is told, that is, of medical men. Of these, I have known intimately many of the most illustrious of the age. I have been for ten years more than the friend, almost more than the brother, of an eminent physiologist, who preserved amidst natural science, an exquisite moral sense. I have learnt much from him on many subjects, but most especially about love. One thing struck me in this man, infinitely ingenious and refined as he was, the calculated perfection of his domestic life. He had a wife ugly but graceful, ignorant but charming; he had found means to associate her in all his ideas, researches, and discoveries; he laboured at them at her side by the hearth, without display of instruments of the laboratory, inventing simple and commodious apparatus, that he might pursue in his room researches frequently complicated, which carried out on a large scale would have kept him away from home, removed him from her, and broken this permanent union of soul. A great trial came upon him. This lady, from an accidental disease incidental to her sex, became insane and delirious for a year or two. He kept her near to him, and continued his labours in the midst of this cruel distraction and interruption. Her insanity was of a gentle type, but she talked much, she dreamed awake, she had groundless fears, she mixed eccentric expressions in all her conversation, and it was with difficulty that one could follow the thread of her thought. But the patience of her husband never failed. One day I expressed my admiration of it. He said, "In a lunatic asylum, where they would have treated her with severity, where they would not have endured her little pranks, she would have become wholly insane, and would never have recovered; but treated well, not being frightened or exasperated, seeing only friendly faces, hearing only considerate and reasonable words, she will in the end be cured without any other remedy." This, in fact, took place. I do not believe that one can cite a more remarkable example of affection. Young men, in their first warmth for a young and beautiful mistress who brings to them roses only, think themselves very much in love, "they will give their life for her." I don't know. Life indeed is often an easy thing to give, but the persevering sweetness of a patience beyond proof, which for years submits to the punishment of interruption; the calm force which ceaselessly rectifies, reassures, and strengthens a poor, erring, diseased soul, possessed by her bad dreams, this perhaps is the grandest and

the strongest proof of love. That which especially surprised me, was the obedience which he obtained from her in things which she could not comprehend, the result of that complete communion, that perfect moral envelopment in which she had lived up to that time. With a body greatly altered, with faltering mind, some things remained in her and survived all, the union and the desire to comply ; in a word, love."

"I am of opinion from this and other analogous facts that, between the world of fatality where physiologists dwell, and the world more or less free where moralists dwell, there is a mixed sphere, which I venture to call *voluntary fatality*, that is to say, one of habitudes willed and free at first, but which through love become a happy fatality and a second nature.

Marriage, according to M. Michelet, is the mutual deliverance both of the man and of the woman from the greatest evils and miseries of life : of the woman from the physical fatality where she is held by nature, and from the weaknesses, miseries, and troubles which she experiences in a state of isolation ; of man from the "servitude of baseness," the happiness of the hearth preventing him from seeking degrading love under the smoky lamps of the ball room, and other scenes of moral degradation ; from the "servitude of weakness," since it leads him "to forget the sad companionship of that young old man, fat, pale, polished, who laughs at women." "True love will protect and concentrate his force from the servitude of sadness ; he who is strong to do man's work, leaving a loved one at home when he goes to his work, he alone is always gay and light of heart."

"Marriage delivers man, secondly, from the servitude of gold ; receive from me this exact rule of social arithmetic, *two persons expend less than one*. I see many bachelors who remain such from the fear of the expenses of marriage, but who themselves spend infinitely more. They live at great cost at cafés and restaurateurs, and at the theatre. Havannah cigars, smoked all day long, are to them a large source of expense ; but why smoke ? "To forget, say they." Nothing is more sad ; one is not bound always to forget — woe to him that forgets evil things, for he seeks no remedies. The man, the citizen who forgets, loses both himself and his country. Behold the gain of having at one's hearth one who is sure and loving, one with whom you are able to bear suffering ; she will prevent you from forgetting, from dreaming. You must suffer, and love, and think, it is the true life of man. One speaks of man living in celibacy, but who does so ? In vain I have sought for this mythi-

cal being. I see all the world married, by temporary, secret, and disgraceful unions, it is true; some for three months, some for eight days, some for a minute—marriages which are the misery of the woman and are not paid for less dearly by the man. The whale consumes less than the Dame aux Camelias.”

We must, with reluctance, leave the noble language in which M. Michelet conveys his moral exhortation and virtuous argument, and address ourselves to the more physiological and psychological portions of the book, with which we are sorry that we must find great fault.

Upon the base of modern discoveries in Ovology he founds the dictum of his theory, that the woman is a diseased person, at least, that “fifteen or twenty days out of twenty-eight, that is, almost always, the woman is not only a diseased person, but a wounded one”; that is, M. Michelet contemplates the natural changes which take place in the ovarium as a constantly recurring wound, the source of physical and moral morbidity, an excuse for all weakness and irritation of mind and of body, and a constant appeal to the patience and support of her stronger partner. This certainly is not quite true. God has not cast one half of the human race in so frail a mould; and although the idea is perhaps less repulsive than that which produces the epicine women of America with their bloomers and their medical doctors, it is one which will be vehemently repudiated by the ladies, and will certainly not be captivating to the great majority of men; in fact, it is a hobby notion of M. Michelet’s which he has ridden very hard and into a great deal of dirt. Allied to this theory, and to the existing state of morals to which he applies it, is the author’s assertion that the characteristic type of disease now prevalent is uterine. He looks at the nosology of modern populations through the coloured glass of his theory, and of his special experience. Perhaps we do the same when we assert that the prevailing type of disease is not that which the author asserts, but that it is essentially that of nervous disturbance both in the man and the woman. “Each age is characterised by its great disease: in the thirteenth century it was leprosy, in the fourteenth it was the black death, in the fifteenth it was syphilis, the nineteenth is affected at both poles of the nervous life, in the idea and in love; in man the brain becomes enervated, vacillating, paralytic; in the woman the womb becomes painfully ulcerated. The age may be called the age of maladies of the

womb; or in other terms, of the misery, desertion, and despair of the woman."

"The punishment is this, that the suffering woman can only produce from her anguish-wrung breast, an infant who is also diseased, who, if he live, will constantly crave for that fatal support against native want of nervous power, which is to be found in alcoholic and narcotic stimulus. If the wretchedness should happen that such a man is reproductive, he will have by a woman more suffering, an infant yet more enervated. May death rather, be the remedy and the radical cure."

Not very consistent this, if true, with the aim of the book to encourage marriage; for if those who are tainted with the prevalent disease of the age may not marry, how many are there in whom the reproduction of a degenerated race would be a prudent, not to say a patriotic undertaking. There is a passage at pp. 152, 3, in which the author ("blushing while he writes," but asserting it to be true, nevertheless,) complains of the influence of the contrary state of health in the parents upon the organization of children; it presents a singular instance of M. Michelet's tendency to exaggerate an idea, and of the manner in which he throws down ideas, inconsistent with each other, without any attempt to reconcile them.

There is truth, but exaggerated truth, in the chapter upon, "pregnancy and state of grace," which expresses the opinion that in this condition all women are subject to that moral perversion which leads to theft, too often not of that poetic kind which the author describes, of flowers and fruit, but to shoplifting acts of larceny, which are apt to terminate in very unpoetical investigations. Addressing the pregnant lady whom her husband indulges to the top of her bent, the author exclaims, "to say the truth, madam, if this man does spoil you, there is no great merit in it, for we should all do the same; not only your friends, but the mere passers by, yea, all men, all creatures, all nature, are of one accord to grant you all favours for the sake of love, to overwhelm you with our good wishes, our benedictions; wherever you go you are at home, take the fruits and the flowers, or anything else that your desire shall indicate, we are charmed at it for it will bring happiness upon us. Do not pass by, come into my house I pray you; deign to steal from me madam; let me, by preference, be the subject of your thefts. There was a certain old custom which permitted a pregnant woman to take three apples or three pears, it is too little, confer a

favour upon me, and take my whole garden; "But awkward as I am, what have I said? I have spoilt all. She enters, and is abashed, wishes for nothing, and turns away; her charming little pout expressing, one must take no notice. I am distressed, for she hears me no more, for she passes by blushing and looking down. She wishes to do the thing by stealth" !!!

Is this bitter sarcasm? Alas, no. It is an exceptional truth, developed by a poetic mind into an unshaded humiliating principle. A few women with weak and ill regulated minds at the best of times, have kleptomaniac tendencies when they are pregnant. M. Michelet develops the vice-disease, into a charming trait of universal womanhood. Well may he wish to have a permanent medical jury to sit in aid of all courts of assize; that is, if women are to be tried at all, for any offences committed during their diseased periods; that is, according to the author, during three-fourths of their life. In English law, there are certain provisions for a jury of matrons. A jury of sensible matrons, not given to hysterics or philosophy, would be apt to deal rather harshly with M. Michelet's charming culprit, if she can be a culprit, (*si elle pèchait, chose impossible!*) As for a jury of medical men, if it were well packed, we know by the dire experience of medico-legal trials, that it could be made to condone not only petty larcenies, but acts which to other eyes have the appearance of terrible and deliberate crimes. But we do wrong not to give Mr. Michelet's opinion on this important point as nearly as possible in his own words.

"*Is a woman responsible?* Without doubt she is a person, but a person *diseased*, or to speak more exactly, a person *wounded* every month, who suffers almost constantly from the wound and its cicatrization. Examine what the ovology of Baër, Négrier, Pouchet, and Coste has admirably established on this point, from 1827 to 1847."

"When the law concerns itself with a person in a state of disease, in order to be just, it ought constantly to make allowance, in every punishable act, for this attenuating circumstance. To impose the same penalties on a diseased person as on a person in sound health, (that is to say on a man) is not equality of justice, but inequality and injustice."

"I have no doubt that the law will be modified. But the first modification ought to take place in jurisprudence and practical law. Our magistrates should feel, that in order to punish that which there is of *liberty* in the acts of a woman

it is necessary to take into account the portion of *fatality* which disease infuses into them. The assistance of a *permanent medical jury* is indispensable to the tribunals. I have elsewhere established that the penalty of death is absolutely inapplicable to women. But there is scarcely an article of the code which one can apply to them without modification, especially when they are pregnant. A woman takes something. What can you do? She had for it an insurmountable longing (*envie*). Dare you arrest her? You will injure her. Dare you imprison her? You will kill her. "Property is sacred." I know it well, because it is the fruit of work. But here is higher work which one must respect, and the fruit which she bears in her bosom is the property of the human race. Remark, that in order to regain your property, which perhaps is worth twopence, you run the risk of committing two assassinations! For my part when the object is trifling, I should wish that she might be permitted, with good grace, to steal it, and that arrest should be abstained from. The ancient German laws expressly gave to her (the pregnant woman) the power of taking certain fruits. To these humane reflections, is properly connected that which I have before said respecting the union of the two branches of science, *the science of justice, and the science of nature*. The want which is most felt in them is, the appreciation of their relation to each other. In many points they are one. It is necessary that justice should become medicine, (*Il faut que la justice devienne une médecine*), enlightening herself in the physiological sciences, appreciating the part of fatality which mingles in our free acts, that she may not wish to punish merely, but to cure. It is necessary that medicine should become justice and morality. That is to say, that the physician, intelligent judge of the inner life, should enter into the examination of moral causes which bring on physical evil, should dare to go to their source, there to reform the habitudes from whence diseases proceed. There is no disease which does not spring from the entire life. All medication is blind which is not based upon an absolute knowledge and complete confession of the individual diseased."—p. 393.

"A wise magistrate will allow, that in all causes in which women are concerned, and even in many others, in order that the real degree of free will and of fatality may be elucidated, the tribunals have need of the permanent assistance of a *medical jury*. To call by chance upon an expert, on account of some one material circumstance, is of little

moment. One ought always to aim point blank at the capital and most obscure question of the degree of free will.

"For this, the utmost assistance of the physiological sciences is needed. When the physician has pronounced how much of physical, of material, and of inevitable has been in the act, the judge may commence his work on the conscience and culpability, on the rectification and correction of the soul, on its medication by penitence, and its amelioration."

"In the middle ages, when all science was theological, the magistrate took care to have by his side the clerical judge, (*juge clerc*) that is to say, the learned judge, to enlighten his conscience. At the present day, we do not doubt that our tribunals will more and more desire to have at hand the light of science, which will shew to them a good half of things. By the physician, I mean the physiologist, who without pretending to exert too much influence, will, nevertheless, assist greatly, and will often be able to give to the judge a clue by which he will be able to penetrate the dark question of the will."—p. 246.

It would have been more satisfactory if the learned author had afforded some indications of the mode by which the doctrines of fate and free will may be decided, so as to apportion to any specific act the amount of culpability due to the one, and of irresponsibility due to the other. It cannot be laid to the charge of modern tribunals, that they refuse the aid of science, when the latter is definite and tangible. The science of the microscopist and the analytical chemist is eagerly sought; the science of physiology also, when it is of an unequivocal nature, as on the nature of injuries, the many questions connected with embryology and parturition, has a place of honor in courts of law. But that *mélange* of metaphysics and physiology which M. Michelet would dignify with the name of science, has hitherto gained for itself little respect, either in courts of law or elsewhere. In fact it is not science, but speculation; and it is not speculation or guesses at possible truth, but known truth however narrow, of which the magistrate needs the help in the just administration of the law, in the estimation of culpability and distribution of punishment.

The author's estimation of the medical profession is certainly very high. Its professors are his best friends, they are a class of men whom he thinks, "without comparison, the most enlightened in France." He would place their representatives on the judgment seat; but he would displace them from the bedside of the parturient woman. He declares that

for her the assistance of a woman alone is desired, and that the very sight of a man is frequently the greatest obstacle to the progress of labour, an obstacle to some women "almost insurmountable, even to death!"

"Remark that in most cases, all assistance consists in looking on with folded arms. If there is a malpresentation, dexterity is needed, but the small hand of a woman, her skill and habit of touching minute objects, is certainly of much more value for this purpose than the great fists of a man. *Quelle main sera assez douce, assez fine de tact et de peau, pour toucher, grand Dieu! la chose la plus delicate, horriblement endolorie par cet excès de tension, les éraillures et déchirures de cet pauvre corps sanglante!!!*

"A woman is best cared for by a woman. Why? Because she is at the same time physician and patient; because she readily comprehends in another the evils which she has herself felt, the trials through which she has herself passed. Physicians are learned in science, but know little of the patient. There are scarcely any of them who have the sensations of a being so refined, so full of mystery, in whom the nervous life is everything."

"Our physicians are a class of men most enlightened; in my opinion the first in France, without comparison. No other class knows so much in general, nor so much on certain subjects. No other class is so gifted with intellect and character. But their rude and masculine education, received in the schools and hospitals, their harsh surgical initiation, one of the glories of the country—all these qualities give rise in them to a great defect for this purpose. They border on causing the extinction of that fine sensibility, which alone is able to perceive, and foresee, and divine, matters relating to the female mystery. The womb of woman, that delicate miracle on which nature has exhausted all her tenderness, who, unless woman herself, can touch it without impiety?"

"The fault does not rest with medical men, who, I believe, will agree with my opinion. It is most owing to the weakness of man (greater than that of woman in these moments) to the husband, whom nothing but the presence of a doctor can reassure at these moments. I have nothing to say against this; although so many illustrious midwives—Boivin, Lachapelle, &c., &c., may well suffice to reassure the husband; although the example of Europe, where they are everywhere preferred, may also prevail over our fears. There is nothing to prevent the medical man from being consulted and assisting with his advice, provided that he does not act himself,

and even that he does not remain too near. His direct intervention is far less adapted to aid, than to paralyse nature."

"The women ought to be heard, and they avow frankly (when one dare press them on so delicate a subject) that their whole force in this act is one of extreme effort, that is to say, the liberty of effort; and that this liberty is null, if a man is in the room. From this it results, that at every moment, hesitations and contradictory movements arise. They will and they will not. They exert and restrain themselves. It may be said that they act wrongly, and that at such a crisis they ought to place themselves at their ease, and forget the superstitions of modesty, the fear of those little miseries by which they are so humiliated. But we ought to take them as they are; and he, who for their safety places them in danger, is without doubt a fool."—p. 176.

Never was more exquisitely illustrated the pointed truth of the saying, that "a nice man is a man of nasty ideas." Even the author's language is indecent in its refinement, and gross in its candour; some of it is unpleasant to translate, even in a medical journal. What then must be said of it, as a book written for the public, which lies on club-room tables; and, in spite of the female delicacy, on which the author sets so much store, has doubtless found its way into thousands of boudoirs; When old Montaigne wrote his dirty essay "On some verses in Virgil," he said, "I am vexed that my essays only serve the ladies for a common moveable, a book to lie on the parlour window; this chapter shall prefer me to the closet;" and a kindred spirit, old Burton, says, "in their cogitations they are all out as bad or worse than others."

"Erubuit, posuitque meum Lucretia librum
Sed coram Bruto; Brute recede, leget."

Whether the opinion of these old cynics be true or not, sure we are, that if it were possible for any English women of English habits of thought, to read this book through, they would vote its delicacy more indelicate than its coarseness; as George Sand is more indelicate than Fielding, and Byron than Shakespeare. Extremes meet, and this over-refinement of delicacy is thoroughly indelicate. Is there anything in Tom Jones worse than the death-scene of the over-refined heroine in Paul and Virginia, who prefers drowning to the removal of a garment? The French may admire this sort of sentiment, and the American ladies may put trowsers on the legs of their piano fortes, but let us trust that our own dear

countrywomen will long continue to act upon the doctrine, that, "to the pure all things are pure."

As for man-widwifery, it is a painful necessity of the profession; and M. Michelet's objection to it is provably absurd from his own pages. He vastly over-paints the timidity, dependence, and feebleness of women; and yet he would place her in a position where sudden and unexpected demands upon strength and courage are made; under which the nerve of strong men sometimes fails; under which, the inevitable result of such failure is, the deplorable loss of most valuable human life. Is there any operation which a hospital surgeon is called upon to perform, requiring more cool, prompt, and patient courage, than the removal of a placenta from a woman bleeding to death with hour-glass contraction of the womb? It is not true that Europe prefers midwives, and if there are good ones in Paris, let us be sure that they are not women of delicate sensibility and mobile nerve, but strong, brave women, cast in the masculine mould.

If M. Michelet's principles are true, in relation to midwifery practice, they must also be valid to a greater or less extent in medical and surgical practice, for both the physician and the surgeon are frequently placed in circumstances scarcely less offensive to spurious delicacy than those in which a man midwife affords aid to the parturient woman. Must there be female surgeons, for instance, to perform all operations on women, below the girdle; or would M. Michelet allow a male surgeon to touch with his scalpel a female breast? To the impure all things are impure. About the physician indeed, the author has expressed himself. The husband must be the physician to his wife. The author is an antipriest, and therefore it is not surprising that he has discovered the delicacy of French women to be such, that the priest must be banished from the house. But the physician, "his honoured friend," "incomparably the most enlightened man in France," it is hard that he also should be banished; and yet it is so.

"In what are the priest and the physician distinct? I have never been able to comprehend. All medicine is blind, unintelligent, and worthless, if she does not commence by complete confession, by resignation, and reconciliation with the general harmony; who can accomplish this when the question regards a woman? He who already knows her, who is herself; this one alone is her physician born, both for body and soul. These two things in such perfect harmony with each other, are not separable;

may the young man think on it and prepare himself for it. What immense encouragement to moral and physical studies will he find in reflecting that he must be everything to the object of his love?"

"In the future, all education (disburdened from sterile subjects of study) will comprehend some years of medical study. The present state of affairs is ridiculous. Whoever lives, needs in the first place to know what life is, how it is maintained, how it is lost. These studies, moreover, exert so miraculous an influence upon the intelligence, that a man can scarcely be called a man who has paid no attention to them. Even for the purpose of explaining one's sufferings to a physician, so as to make him comprehend them clearly and without mistake, it is necessary that one should be three parts out of four a physician. Most people will tell you it is impossible to care (medically?) for one's self or one's family, which amounts to saying one is incapable of treating those whom one knows best. I rely much more on that which a physician of the south has said to me on the subject, "Never shall my son or my wife be treated by any one except myself; not that some of my *confrères* may not be more skilful than myself, but here I have over them all the immense advantage of knowing thoroughly, root and branch, the subject of treatment. A child sprung from me is myself; the woman, at length transformed into me, is always myself."

"Individuality is constantly progressive; the science of medicine of former times, if ignorant, frequently effected cures, and why? because both diseases and diseased persons, arranged themselves in grand classes. One was able to practice, if I may say so, *on general principles*. The class, and the calling, determining the temperament, indicated beforehand both the disease and the remedy; classes are no more, and so is the science of medicine for classes: she has for her last glory, the illustrious man already named, who cured the debris of the great army."

"All has changed, no man resembles another, everything is special, original, *individual*, very complicated, nothing determined beforehand: in order to seize upon this individuality, great study is required, a long course of observations, an extreme assiduity. The physicians of great towns have not acquired this, and have not the time for it.

"This enigma, *the individual*, is incurable by one who does not know him wholly, from head to foot, piece by piece, as to his present and his past state; incurable by one who is not, as it were, internal to him, who is not another self; the

more you are one with him, the more curative power you have over him."

"But if you have for a long time lived with this person ; if your existence, identical by force of habit and of love, at every moment produces in you phenomena analogous to those which take place in her, so that your functions are a revelation of hers, you are, *bien avant* in this being, with a power to establish that which is her harmony or her discord, actual evil, or the re-establishment of well-being. You are her health, and she is your disease ; cure for her is to re-enter into harmony with you."

"What is Woman ? Disease," says Hypocrates. What is man ? The Physician."

"The most eminent doctor whom you can call in as a stranger, after some questions is more than satisfied ; he knows only the crisis of the disease ; but this is of no account ; he ought to know the life. How much time and patience. and genius also would he find needful to obtain from her a thorough confession ! but would she know how to reply ? Dare she reply ? He would often find it needful to content himself with little. The husband on the contrary knows everything. You laugh ! But I maintain, that even the most dissimulating woman, she who can best conceal certain circumstances, cannot hinder him from, on the whole, knowing her entirely, and for this reason alone, that they cohabit. He has appreciated her by the five senses, in every exterior manifestation. He knows her every change intimately, her months, her days, her hours, her regularities, and her caprices. He foresees her humours and her thoughts, even to her minute desires. Who can have such a terrible detail of knowledge ? He who loves, or who has loved ; and who craving and insatiable has felt and noted all things, everything, even that which she herself has forgotten ; moreover he has exerted wonderful influence upon her by the life led in common, by fruition, impregnation, and the profound metamorphosis which accompanies it, *he has made this woman*. The husband is the father of the wife in this sense, even as much as of the infant. He has made her, and he is able to remake her. At least, if any one is able to do it, it is he."—p. 289.

But a man can scarcely know his wife better than he knows himself, and the proverb says that he who doctors himself has a fool for a patient. Moreover, a husband who knew his wife so intimately would not be likely to know other women at all, for the profound knowledge derived

through the devotedness of love must suppose faithfulness. Now if he knew other women not at all, the very defects and diseases in his wife might appear to him as perfections, or at least as the normal state of affairs, like the wife of Hiero who never noticed that her husband had bad breath, because never having been able to make comparisons, she thought it was common to all men.

There is a half truth in the author's remark, that for the future, medical treatment must be more founded upon a intimate knowledge of the individual, than formerly. It must indeed be so ; but to that knowledge must be added the intimate knowledge of other individuals, so that comparisons may be drawn ; for knowledge without comparison is sterile. The information, therefore, of M. Michelet's pattern *French* husband, who has accurate knowledge of his wife's secretions, will avail nothing in medical treatment unless he has that power of comparison which the practical experience of the physician can alone give.

But what a picture of married life ! The gorge rises at it ! Is there to be no reserve ; no veil before the infirmities of poor female nature ; no decent respect ; no sanctuary for womanly shame ! no boudoir feeling that,

“ Nil dictu fœdum visuque hæc limina tangat,

Intra quæ *conjuæ*. Procul hinc, procul inde, *mariti*.”

Let no philosophic pedant, persuade ye, O husbands, to pry with irreverent eyes into the mysteries even of the toilet of your wives, much less into the little failings and *ménagements* of their health. Believe if ye can that they are healthy and wholesome, as they are good and virtuous ; or fear the just punishment of mean and prying souls, in the loss of estimation of all ye prize ; for sure is the truth of that copy-book maxim, that, familiarity breeds contempt.

Finally, we must confess to great disappointment felt at concluding the perusal of this work. Excellent as is its aim, eloquent its language, elevated the reputation of its author, we feel that its arguments must fail in producing that conviction, without which its pages can do little good, and are capable of doing much harm. It depreciates woman from being the equal and helpmate of man, to being his feeble dependant. It systematically humiliates her as an imperfect diseased being. It imposes upon husbands the task of creating from this morbid material a wife, worthy of love and trust, at such an expense of time and labour, that few men who have the will and the opportunity of devoting their lives to the work, would have the courage to enter upon it,

that is if they believed in M. Michelet. We are far from finding fault with the author's doctrine, that the married life ought to be one of devotion and self-sacrifice. The defect does not lie in this, but in the motive which he assigns. *Why* must the man devote himself to the "intellectual fecundation," "the moral incubation," "the medication of the heart," "the medical treatment of the body" of the woman? To create her and absorb her being into his own for the purposes of moral and physical hygiene! This motive may certainly influence a few *esprits forts*; but for the selfish and unphilosophical many, monogamy, as painted by M. Michelet, would have little attraction in comparison to the lighter cares and responsibilities of single life. Marriage, as painted by M. Michelet, will never tempt the young stags from the mountains of celibacy to be bound in the fetters of woman's weakness and disease.* Doubtless the teaching of the mere moralist is true so far as it goes, and it may influence exceptional men in whom the selfish passions are strictly subjected to the intellectual convictions, but for the many of all classes a pure life never was and never will be the result of mere moral teaching. In them the passions are stronger than the reason, and with them there is but one motive strong enough to purify life, especially if it is only to be led according to the teaching of our author, at the cost of self-sacrifice. This motive at which M. Michelet has never hinted, is obedience to the law of God. This and this alone can purify morals. This and this alone can make man and woman faithful and just to each other. Without this the fervid eloquence of M. Michelet must fall to the ground, barren and resultless.

J. C. B.

*"The stags in the Greek epigram, whose knees were clogged with frozen snow upon the mountains, came down to the brooks of the valleys, hoping to thaw their joints with the waters of the stream; but there the frost overtook them and bound them fast in ice, till the young herdsmen took them in their stranger snare. It is the unhappy chance of many men, finding many inconveniences upon the mountains of single life, they descend into the valleys of marriage to refresh their troubles, and there they enter into fetters, and are bound to sorrow by the cords of a man's or woman's peevishness."—*Jeremy Taylor*.

Commentaries on Insanity. By D. F. TYERMAN, Esq.,
Middlesex County Lunatic Asylum, Colney Hatch.

Defective information, relative to the previous history of cases received into lunatic hospitals, especially perhaps those of Middlesex, operates as a discouragement to any attempt at placing them upon record.

One main object of the following papers will be the faithful, although brief and general description of the *post mortem* appearances in cases of lunacy. Whenever obtained, a brief outline of the previous history will be sketched, with notes of the antecedents, and cause of death. The conclusions, in the form of corollaries, arrived at upon a review of the cases, and such comments as may appear to elucidate their nature, will, in a more or less brief form, be appended. It has been frequently found, when the patient has succumbed to the disease, and the mental storm is over, that the surviving friends have shewn a disposition to fill in the lights and shadows of a suppressed history; some points, indicated by the *post mortem* appearances, and possibly supplying the explanation of many an emotion and event, not only of a recent date, but of years long passed away having been suggested to them. Synthetic examination may, it is hoped, assist in clearing away some of the clouds in which the history of the patient has been enveloped, and promote safe deductions, analogous to those arrived at, in cases of legal difficulty, by the cautious pursuit of circumstantial evidence.

CASE 1.—Mania: Subsequent dementia: General paralysis of the insane. P. H., aged 41, a widower, by trade a tailor, admitted in July, 1851, exhibited imbecility of mind, with incipient symptoms of general paralysis; amongst which were imperfect articulation, and partial loss of power in the lower extremities, indicated by insecure progression, and dragging of the legs. He was competent to reply coherently to the common enquiries, and expressed himself satisfied and happy at the prospect of receiving the comforts of the hospital, and of working at his trade without care and anxiety, probable, although not recorded, inciting elements of his malady. He pursued his trade contentedly at the workshop, until disabled by the advance of the disease, the nature of which was further indicated by tremor of the tongue, increased difficulty of articulation, and gradually supervening utter helplessness, and prostration. He died in September 1853, twenty-six months after his admission.

Autopsy. The brain substance was pallid: the middle commissure vascular. The lining membrane of the ventricles, and especially the fourth, presented a granular, or villous appearance. There was circumscribed disorganization of the anterior portion of the right corpus striatum, with surrounding rusty discoloration. Abundant effusion at basis cranii, necessarily causing pressure upon the cerebral nerves, and those of the medulla oblongata; effusion into the ventricles. Thorax: Apices of mitral valves of the heart thickened by old endocarditis. Abundant fibrinous coagula in left ventricle and aorta. Old cretaceous tubercle of left lung, and a cicatrix on its surface. Consolidation, and evidence of old inflammatory action in dorsal portion of the right lung. Abdomen: Liver enlarged, pallid, and of dense structure. Kidneys degenerated, granular; small vesicles appearing on their surfaces. Tubular structure scarcely apparent in the right kidney. Spleen large. Intestines and other organs pallid.

Comments. In default of a history of many of the antecedents of this case, the pulmonary changes, the hard cirrhused liver, the heart affection, and the degenerated state of the kidneys may be regarded as the index to the previous habits of the patient, nailed, as it were, to his shop-board, without healthful exercise and recreation; plying incessantly his needle in a cramped posture, and habitually resorting to the stimulus of alcohol to arouse his flagging energies. The loss of wife, and, perhaps, the uncertainty of regular and sufficiently paid occupation, may be clues to the filling up the other parts of the picture.

CASE 2.—Dementia. Decay from ramolissement of the brain, and general disease: exhaustion without diarrhœa. No previous history. R. W., aged 28, unmarried, by trade a tailor, was admitted in November, 1851, and died in September, 1853. Residence twenty-two months.

Autopsy. Brain weight, without fluid, $48\frac{3}{4}$ oz. avoirdupois. The entire substance of the organ was in a state of ramolissement: the cortical substance injected, and of a pink colour. Ecchymosis of the pia mater on the upper surfaces of both hemispheres. There was serous effusion at the basis cranii. The membranes were neither opaque or thickened. Granular deposit in plexus choroides, with adhesion of right portion to the wall of the ventricle: and there was a yellow cyst, easily separable, containing a pale fluid. In the anterior cornu of the right ventricle was a minute adhesion of its opposite walls, the result of inflammatory action. Thorax: Scattered tubercles in both lungs, which were emphysematous, presenting spots of pulmonary apoplexy. Scattered spots of yellow lymph on pleuræ, and margin of posterior lobe of right lung. Fibrous shreds of lymph on pericardium and surface of heart. Abdomen; Minute purulent deposits, size of pins heads, in kidneys, the surfaces of which presented stellate injection. Liver congested, and its sinuses enlarged. Mesenteric glands enlarged; not otherwise changed.

Comments. Although there is no history of the above case, yet the evidence of severe excitement of the kidneys, the congested liver, and tuberculous emphysematous lungs, &c., suggest causation of disease analogous to that presumed to have existed in the previous case. The softened condition of the brain, and consequently diminished vis vitæ, rendered the other organs a helpless prey to the diseases to which they were disposed. The serious changes in the various organs assist in shewing the connection of mental with physical disease.

CASE 3. Chronic Mania: general inflammatory disease. J. T. aged 54, married, by occupation a labourer, admitted in May, 1853, was in apparently moderate general health; his conversation was incoherent, extravagant, and characteristic rather of cheerfulness than melancholic tendency. He had been an inmate of other asylums, one of which was in Ireland, and the probable duration of disease was many years. Under the treatment: consisting of warm baths, mild antimonials, &c., the first excitement was controlled, and he pursued agricultural labour for several weeks, until an unfavourable change in his state became evident. He appeared pallid, and suffered vertigo from cerebral congestion. Petulency of disposition, anorexia, unrelieved by stomachics, and gradually prostration with febrile commotion, supervened, and the fatal issue, fourteen weeks from his reception, was preceded by accelerated respiration.

Autopsy. Brain weight, $48\frac{1}{2}$ ozs. avoirdupois. The substance of the organ pallid: lymph of an icteric hue, was effused upon the arachnoid, and the dura mater also had an icteric hue. There was commencing disorganization of the cortical substance of one convolution of the left hemisphere, and there were ecchymosed spots in the substance of other convolutions. Fine vesicular appearance on the lining membrane of the ventricles, and especially of the fourth. No remains of the middle commissure, which had been absorbed. Effusion of clear fluid in the ventricles, and at the basis cranii. The plexus choroides was vesicular, and had an icteric hue. Thorax: There were circumscribed spots of pneumonic consolidation in both lungs. All the valves of the heart were opaque, and thickened by old rheumatic endocarditis. Cortical portion of kidneys dark and congested, the fat of the kidneys (and the body generally) presented an icteric hue. Liver dark and congested, the gall bladder distended, but the gall ducts were pervious, and rather large than otherwise. The contents of the intestines did not manifest deficiency of bile.

Comments. The disappearance of the soft commissure, the morbid state of the valves of the heart, encouraging blood stasis, engorgement of liver, absorption of bile elements into the blood, and the other morbid changes indicated the chronicity of physical disease, as well as the habits and exposure of the Irish labourer; and this autopsy appears a satisfactory substitute for the absent history of

the case. The partial or total absence of the commissura mollis (middle commissure of the brain) has long appeared to me an important pathological indication, and I first noticed the process of the morbid change when engaged in the treatment of the diseases of infants and children. On the autopsy of an infant, deceased of hydrocephalus, the walls of the lateral ventricles were, by the abundant accumulation of the aqueous fluid, forced considerably apart, causing a partial central rupture of the commissure. Nature was, however, making an attempt at reparation, and blood exudation had taken place at the points of the broken band or cord of cerebral matter. At Colney Hatch we have occasionally witnessed its partial, but far more frequently, complete rupture; and, in some instances, the bases of the band or cord (for its form varies) have remained upon the more or less widely separated walls of the lateral ventricles. These appearances have been more frequent in cases of general paralysis, than in any other form of disease.

CASE 4.—Mania Epileptica, death by Asphyxia. E. K., aged 32, unmarried, a labourer, admitted in November, 1851, had long previously been the subject of epilepsy, often succeeded by maniacal excitement, and had been the inmate of, at least, one other asylum. He died suddenly twenty-two months after his admission, during the night, and was found lying upon the pillow, the mouth being open, and filled with frothy and sanguineous fluid.

Autopsy. Purplish discolouration of the body, which was well nourished. Scalp not much congested, except *anteriorly*. The skull was very thick, and the calvarium heavy. There was a large, irregular, and rough bony deposit in the falx cerebri. The membranes were somewhat opaque; and abundant serous fluid was effused into the subarachnoid cellular tissue, also at the base of the brain; and a moderate quantity (tinged) into the lateral ventricles, the lining membrane of which presented a vesicular appearance. The middle commissure was absent. The brain substance was intensely injected, and the cortical substance was highly vascular, and of a pink colour. There was a minute crystalline deposit in the substance of the upper part of the medulla oblongata. Weight of brain 57 oz. (hypertrophied?) Thorax: The bronchi were intensely congested, contained sanguineous and frothy mucus, and the right pleural cavity contained tinged serum. The lungs were congested, but crepitant. Heart, $14\frac{1}{2}$ oz. Left ventricle large, hypertrophied, empty; the fluid blood having been discharged during the autopsy. All the blood of the body fluid. Abdomen: Liver intensely congested, the portal vessels being gorged with fluid blood. Kidneys also intensely injected, blood exuding from their surfaces on removing the investing capsules. Spleen, pancreas, and small intestines injected with blood. The organs, although congested, generally healthy.

Comments. Fluidity of the blood appears to be its invariable

condition, on the autopsy, in cases of sudden death by epilepsy, as by lightning and other causes acting instantaneously, or nearly so.

The great weight of brain, the thickness and weight of the cranial bones, the hypertrophied state of the left ventricle of the heart, the healthy, muscular appearance of the stomach, &c., may justify the classification of this amongst that large division of epileptic cases, in which the nutritive functions are in excess. Dr. Radcliffe, in his ingenious and interesting work, views the majority of cases of epilepsy as characterized by anæmia and nervous debility; and the convulsions as the result of such debility. *That paralysis of the nerves of the respiratory class takes place in the paroxysm* I have had, for a long time, no doubt; for, however violently the muscles of animal life, the strictly voluntary, may be convulsed, immobility of the thoracic walls, is one of the chief phenomena of the paroxysm. Brown-Sequard attempts to explain part of the phenomenon by assigning to the blood-vessels of the brain a state of paralysis; I presume by temporary failure of power of the sympathetic filaments with which they are supplied. I submit, however, that the phenomena are consistent, and more readily explained by a sudden paralysis, the result of immediate and intense congestion of the pons varolii, medulla oblongata, and, indeed, the brain generally, and consequently of the pneumogastric and other principal nerves of respiration. The first symptom of the subsidence of the paroxysm is a recovery of thoracic muscular function, a heaving of the paralyzed chest, when air is allowed freely to enter, and decarbonize the blood of the gorged lungs. The heart and brain are then simultaneously relieved of their carbonized and overcharged contents, the rapidity and labouring state of the pulse is mitigated, hæmorrhages from the congested vessels of the nose, mouth, and bronchi, or from vessels accidentally wounded by the falling of the patient, cease, and the storm is, for the time, at an end. Should the converse of this restorative process happen, and the nerve paralysis continue, the patient infallibly dies of the affection variously termed congestion of the lungs, paralysis of the lungs, paralysis of the pneumo-gastric nerves. With reference, however, to nutritition, there can be no question that a very large class of epileptics manifest abundant evidence of its activity; as, for instance, by the very rapid healing of the severe contused and lacerated wounds to which they are so particularly liable; and in their powerfully muscular and well nourished frames. With regard to the opposite class, viz., that characterized by anæmia, debility, prostration threatening a fatal issue, I submit that the phenomena may be attributable to paralytic innervation of the respiratory tract occurring by paroxysm.

With respect to the untoward event of an epileptic patient being found dead upon his face in the bed, much is to be said involving considerations relating to the construction and management of asylums, and especially to the system of dormitory accommodation,

insolving efficient night watching. There is no question that sudden death from epilepsy will occur, whether the patient be in a prone or supine position, and that harmless fits do constantly occur whilst the patient is in the former posture; but there can be no less doubt as to the advisability of incessant nocturnal, as well as diurnal vigilance, over this afflicted class of patients.

The little crystalline body found in the substance of the upper portion of the medulla oblongata was an interesting discovery in the above case. We have met with foreign bodies of much larger growth in epileptics, a large cholesteatomatous tumour having in one case (of a female) encroached upon the pons varolii and destroyed, by absorption, several nerves—the fifth, third, seventh, and eighth, besides a portion of the tractus opticus.

CASE 5.—*Dementia*: general paralysis of the insane: gradual decay from exhaustion. R. H. B. aged 39, widower, by pursuit a commercial traveller, admitted in July, 1852, was reported to have been insane for eighteen months: no cause of the disease assigned, or history furnished. He was the subject of general paralysis, and was stated to be disposed to jump from the windows, and to destroy his clothes. Progressively increasing debility, pallor and attenuation of the body were among the chief characteristics of the hopeless case up to its fatal termination, 14 months after his admission.

Autopsy. Weight of brain, $44\frac{1}{2}$ oz. The inner surface of the left half of the cavarium and the corresponding bones at the base of the skull vascular and, quasi, worm eaten, and corresponding portions of dura mater vascular. Spread over the arachnoid membrane, covering the hemisphere of the corresponding side, was a dense, dark coloured, false membrane, covering the anterior and middle lobes, thickest in the upper portion, corresponding with the longitudinal fissure. There was extreme injection of the vessels of the membranes, and the pia mater was adherent to the cortical substance. The lateral ventricles were moderately enlarged—distended by fluid, the middle commissure was absent, and there was effusion to the amount of two ounces, at the base of the brain. Thorax: Right lung hepatized, containing tubercle and old gray pneumonic deposit; left lung free from disease. There were adhesions of the costal and pulmonary pleuræ. Abdominal organs not obviously diseased.

Comments. In the absence of a history of this case, the active vascular action, which led to the pouring out of an organizable deposit between the dura mater and the arachnoid, and the eroded state of the cranial bones (mercurialism?) would indicate severe and repeated attacks of maniacal disease, or active delirium of long date. These false membranes have been not unfrequently met with, and chiefly in cases of general paralysis of the insane. They have been very loosely attached to the membranes; were not perceptibly vascular under the microscope; and sometimes were discoloured by blood pigment.

CASE 6.—Mania, fatal from dysentery a month after admission. W. W. aged 32, married (his wife living) by occupation a labourer, admitted in August, 1853, had been insane, under the first attack, for three weeks previously, the disease having occurred suddenly, and without any cause known to the friends. He had, however, four years previously, suffered from cholera, and since that period, annually from diarrhœa. On his reception, his genuflexions and certain observations indicated a state of morbid religious ecstasy: and he stated that he had two wives, one from her coffin, and one already decapitated: that a poisoned gooseberry had been given to him; that he had possessed a church and he would preach. A fortnight before his decease, dysentery set in, and the varied treatment by mercurials, opium, &c. was ineffectual, being partly negated by his uncontrollable restlessness and destructive tendencies.

Autopsy. The chief morbid appearance in the cranial cavity was an abundant effusion of serous fluid at the base of the brain, and into the lateral ventricles: the brain substance itself was congested. Abdomen: from the cœcum downwards the colon was in an intense state of congestion, the mucous membrane being intensely red, thickened, and studded with ulcers.

Comments. Chronic, rather than acute diseases of the abdominal and other organs would appear occasional, efficient, exciting causes of insanity; but in persons predisposed to the disease by hereditary or acquired tendency, accidental attacks of illness, whether mild or severe, may operate as immediate exciting causes. The imperfect history of this case precludes a safe conclusion. In the first two or three years after the opening of Colney Hatch, dysentery was rife in its wards, but has been rare and scarcely fatal since the adoption of an improved dietary, and the substitution of solid for certain liquid rations. In the treatment of this affection, mild mercurials, combined with *sapo hisp.*, opium, and *ipêcacuanha*, together with a farinaceous and milk diet, were found the most efficacious remedies.

(To be continued.)

OFFICIAL REPORT OF THE SPECIAL GENERAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

A special meeting of the association was held on Monday, February 28th, at the Great Western Hotel, Paddington, for the purpose of taking into consideration the provisions of Mr. Walpole's Lunacy Bills.

Dr. CONOLLY, president of the association, occupied the chair.

The following Members of the Association were present: Dr. Forbes Winslow; Dr. Wynter; Dr. Tuke, Chiswick; Dr. Chevallier, Ipswich; Dr. Borrigan, Birmingham; Dr. Paul, Camberwell; Dr. Millar, Bethnal House; Dr. Bakewell, Church Stretton, Salop; Dr. Corsellis, Brighton, *pro tem*; Mr. Bush, Clapham; Dr. Seaton, Sunbury; Dr. Maxwell, Bentinck Street; Robert Gardiner Hill, Esq.; Dr. Nesbitt, Hospital for the Insane, Northampton; Dr. Fayrer, Henley-in-Arden; Dr. Arlidge; Dr. Blandford; John Bartlett, Esq., Sussex House, Hammersmith; Dr. Burnett, Alton; Dr. A. J. Sutherland, Physician to St. Luke's Hospital; Dr. Campbell, Physician to the Essex Lunatic Asylum; W. G. Marshall, Esq., Colney Hatch; Dr. Prichard, Abingdon Abbey, Northam; Dr. G. J. Stilwill, Moorcroft, Uxbridge; Dr. Davey, Northwoods, Bristol; Dr. Lockhart Robertson, Physician to the Sussex Lunatic Asylum; Dr. J. C. Bucknill, Physician to the Devon County Asylum; Dr. Henry Stevens, St. Luke's Hospital; Dr. Hood, Physician to Bethlehem Hospital.

Mr. Bolden, Honorary Secretary of the Alleged Lunatic's Friend Society, was also present.

The PRESIDENT, in opening the proceedings said:—I shall not trouble you with many observations of my own upon the subject of these bills, being quite sure that there are many intelligent gentlemen in this assembly who are more accustomed to reading Acts of Parliament than I am, and better able to form a judgment upon the clauses. I thought it desirable, however, as we have been for sometime expecting legislation with respect to the insane, that you should have the opportunity of meeting together to consider whether the things now proposed to the public are such as you generally approve of, or not. I fear the bill has not been in the hands of all the members of the association, it being so short a time since it was printed, but I will make a few

observations upon it, as there are several clauses in the bill which appear to be very good and unobjectionable, while there are others, which it has appeared to all with whom I have had the opportunity of conferring, as very objectionable indeed, and calculated to throw a degree of disgrace upon gentlemen who are devoted to this department of practice, and to discourage men of respectability from engaging or continuing to be engaged in it. The unfortunate part of the matter is that in all legislation of this kind, people appear to take up a subject which they do not understand, and they will not condescend to consult those who do understand it. They set out with this assumption, that all men who are engaged in the department of insanity, or in the taking care of lunatics—in this very high department, I call it, of medicine—are persons quite unworthy to be trusted, that they have no motive but that of having the care of patients, getting hold of them, keeping them as long as they can, and making the most of them, and have no desire for the advancement of science or anything that is honourable. They carefully avoid consulting those who could by a single observation, very often prevent a most foolish attempt at legislation. At the same time these bills are brought into parliament by a gentleman of such very high talent, a man so universally esteemed, I believe, by all parties, I mean Mr. Walpole, that one would be ashamed to say anything in the least degree disrespectful regarding him. But speaking of the bills, they bear to my mind a very strong evidence of having been drawn up without a knowledge of the subject, and without any reference to those who do possess that knowledge. Thus there are in the bill clauses which relate to the appointment of officers for the inspection of asylums, and they are called Medical Examiners. They are not to be selected from persons who have been acquainted with insanity particularly, but they are especially to be selected from those who are not familiar with insanity. To these examiners a great deal of power is given. They may visit your houses, even every day under certain circumstances, and that appears to be a very objectionable part of this bill. They are to decide, also, within seven days, if you receive a patient, as to whether you may keep that patient or not, and they may make a report that you must not keep the patient. Now, every gentleman in this room knows, as well as I can tell him, that when patients are admitted to an asylum, though they have been most troublesome at home, very often their manner becomes entirely changed, and for a week, or

for a longer period, there is very little to be made out of them, as they are perfectly quiet and tractable. They have been, perhaps, quite unmanageable at home, and would be so again if they were set at liberty. Then there are many cases of recurrent insanity in which patients seem perfectly well, and yet may break out in a dangerous malady a short time afterwards. Again, some persons are very well during the day, and raving during a great part of the night. We know, also, that generally speaking melancholy and suicidal patients talk in the most rational manner, and would throw any one off his guard, except a person familiar with them. Yet upon all these very important points the medical examiners, men of great respectability, no doubt, engaged in practice in the country, are called upon to disregard the medical certificates, to disregard your opinion who have taken the patient, because you are supposed to be an interested person, and absolutely to make a report which may cause that patient to be discharged. There is one clause in the bill, the 15th, I think, by which it is enacted, "that no Medical Examiner shall sign any certificate for the reception of a patient into any licensed house in his district, and no person, wholly or partly proprietor of any licensed house, shall sign any certificate for the reception of a patient into any licensed house whatever, and no person receiving, or who may have stipulated to receive, directly or indirectly from the proprietor or of any person having any pecuniary interest in a licensed house, any per centage, commission, or profit in respect of patients admitted therein, shall sign any certificate for the reception of a patient into such house." The latter part is not objectionable, but the objectionable portion of the clause is that which says, "that no person wholly or partly proprietor of any licensed house shall sign any certificate for the reception of a patient into any licensed house whatever"—which especially excludes those who are quite familiar with insanity, who are consulted about it, from filling up a certificate to remove a patient, however desirable it may be that that removal should take place immediately. It makes it perfectly necessary that the friends of all such patients should call in gentlemen who are not familiar with insanity, to do that which appears to me would be generally much better done by those who are seeing cases of insanity every day. There is another point which I think is also very objectionable. These Examiners may go into your house, examine your patients, and make special reports to the Commissioners, but they are not to make any entry in your

books, and they are not to communicate to you what their opinion is about your patients; a proceeding really to which one can give no better name than that of a perfect system of *espionage*. It is very improper and indecorous as applied to a set of gentlemen who rank well with their medical brethren, who have taken especial pains to understand the subject, and who have devoted themselves to a department of practice, in which it would be impossible for them, generally speaking, to make a decent income, unless they also took the charge of patients. But that they should on that account be considered as taking charge of them with merely mercenary views is, I think, perfectly disgraceful, and is not justified by the general character of the medical men engaged in this practice. With these observations I shall not trouble you further than to say, that it appears very desirable that against all these discouraging clauses, we should have the opportunity of communicating with Mr. Walpole, of pointing out to him, in a quiet manner, the objections that exist, and requesting his reconsideration of the clauses. I imagine that would meet generally the views of the meeting; but, of course, I shall be very happy to hear what the sentiments of gentlemen are, and as far as I can do so to forward and promote them.

Dr. LOCKHART ROBERTSON: I rise to refer for a moment to some proceedings which took place at the last meeting at Edinbro', where a committee was appointed to take charge of the legal proceedings which, at that time, it was supposed would come before the House. I should have asked that committee to have met before now, had it not been for the distance at which many of the members are living, and also from my having learned from Dr. Conolly that he proposed to have this general meeting. I think, now we are met here, it is very important that a committee should be appointed to watch the further proceedings before the House, and that this legal committee (of course taking the sentiments of the Edinbro' meeting into consideration) should take charge of those proceedings. But I think, as the measure is so very important, that in addition to that committee, the Committee of Management of the society should be associated with them; and, in order further to obtain the necessary legal advice for watching the proceedings before the committee, I have to propose that Mr. Edward Conolly be added as Honorary Counsel to that Special Committee. We have a precedent for this in the proceedings of the British Association, where Mr. Hastings gave his services to the committee

that watched the proceedings of the Medical Bill before the House, and he was found to be of very great assistance. Mr. Edward Conolly has very kindly stated, that he will place his services at our disposal, should we wish to avail ourselves of them. I think, therefore, if it meets with the approval of the meeting, that a committee, composed of the Committee of Management and of that appointed at Edinbro', would be one representing all shades of feeling in the association, and a body that would be competent (having received your authority) to deal further with the whole matter, and to carry out any resolutions which may be proposed; and also, probably, to seek an interview with Mr. Walpole, as the president has mentioned. I beg to propose that the names of the Committee of Management be added to the committee appointed at Edinburgh, in order for them to watch the legal proceedings of this session, and that Mr. Edward Conolly be appointed as honorary secretary to that committee.

Dr. CORSELLIS: Before the question is put, I should like to ask, if the committee formed at Edinburgh was constituted of gentlemen connected with this society, or was it exclusively confined to Edinburgh or Scotland?

Dr. ROBERTSON: They were principally English members, and confined, almost entirely, to the English Branch of the Association.

Dr. CORSELLIS: This matter seems very important. So great a reflection has been cast upon the character of medical men by the clauses of the bill, particularly the 13th, that I think it is very desirable to adopt the strongest and most active measures which can be taken, to counteract the bill, and I think it is desirable that a committee should be appointed for that purpose, I, therefore, second the proposition with great pleasure.

The motion passed unanimously.

Dr. STEVENS asked if Mr. Conolly's appointment would involve any cost to the Association.

Dr. ROBERTSON: None at all. Mr. Conolly has placed his services entirely at the disposal of the society. (Hear, hear.)

Dr. SUTHERLAND: I should have been very happy to second the motion that has just passed, having been requested to do so by Dr. Robertson. I myself, sir, share very much your opinion as to clause 13 of the proposed bill. Personally I should be glad to be relieved of the necessity of signing any certificate of a patient's insanity, but I do think that the clause makes an invidious distinction in excluding persons connected with private asylums, who are

best qualified to judge of insanity, and certainly can sign these certificates at present for their own patients, to transfer them from one asylum to another. I think it would be better if that clause had not been put in, and I think considerable inconvenience to the public may arise from it; because I apprehend that the patient may not be always placed under those circumstances which may be best for his recovery; and frequently, if patients are not immediately placed in asylums, great inconvenience may result. Holding these opinions, I saw Mr. Walpole to-day, and I told him I thought that those respectable persons who had the care and treatment of patients in private asylums, were rather suffering for the sins of those who had the care of Mrs. Turner. He said he did not think so at all; but that he had been recommended to put in this clause by the Commissioners. He then went on to say, that in consequence of resigning his place in the ministry, he should be able to take the chair in the select committee which is appointed by the House of Commons to consider these bills; and, being chairman, the course he should pursue would be this: first of all, he should consider the County Asylum Bill, and then hand that down to the House of Commons for its decision; next he should consider the Care and Treatment Bill, and that would lead to the consideration of the care and treatment of chancery lunatics. He said we must carefully distinguish the management of the property of chancery lunatics, from their care and treatment; in which I certainly agree with him. He also entered into other matters, to which, as being of a confidential character, I cannot refer.

Dr. BURNETT: I should like to say a few words upon the subject of the bill, if I am in order in doing so. The circumstance of this bill being brought before us at this time, corresponds very much with the character of almost all legislation in this country of a social character. We never hear of any alterations until something has occurred to force them suddenly upon the minds of the governing power. At this time we have two bills brought before us; but, strange to say, two of the greatest difficulties that must ever occur in the treatment of the insane in this country, are either very cleverly or else very gravely omitted. One of these difficulties is as to who shall be the governing power; and the other is, who shall be appointed under the governing power. Since the passing of the 5th and 6th Victoria, we have been governed by a commission, and that commission

has been appointed very much in the same way that most public bodies are appointed in this country. The greater number of those who constitute that body cannot know anything of insanity. Before this last pressure came upon us, there was some idea in the minds of the public that a little blood that was nearer to ourselves being instilled into it, would be a desirable thing; consequently two of the commissioners were selected from the County Asylums.

But that part of the bill which is of the most importance, and requiring the gravest and the tenderest treatment, is that which appears to me to have received the heaviest blow and the least attention. I allude to the management of the private establishments for the insane in this country. When Commissioners were appointed from the County Asylums, we naturally got a great deal of information conveyed to the commission, which was likely to be of service in the general treatment of the insane. Nobody can deny that fact; but I contend that if justice had been done, instead of electing two physicians or surgeons from the County Asylums, two ought to have been elected from the private asylums; because those who have the charge of the insane in private asylums, have placed upon them a very heavy weight of responsibility, such a responsibility as, perhaps, does not fall to the lot of any other section of our fellow subjects; for we not only have the medical charge of those who cannot speak for themselves, but we are in that apparently painful position, which implies that we really have the care of them in a money sense; the consequence is, that there is a vulgar impression abroad that the greater number of those who have the charge of the insane in this country are mercenary men, only bent upon doing that which may be most beneficial to themselves. I shall be able to show, before the committee of the House of Commons, that there is no body of men in this country who have so great a claim upon their fellow-countrymen as the proprietors of lunatic asylums. The charge brought against them, connected with many transactions, would fall to the ground, as applied to the officers of the county asylums; that responsibility is entirely taken off their shoulders; but when anything occurs which involves the conduct of an individual, what is the course which is usually pursued by the public? Why, they look at the culpable conduct of an individual, and brand the entire system of the treatment of the insane with their condemnation, under the impression that all are influenced by the same motives. As well might I say that the whole race of

generals or admirals, or any other men who belong to the different professions in society, are made up of the same material ; the argument would be just as good.

But, sir, I think that if we do not insist more strongly upon the necessity of their altering, entirely, the constitution of the commission, or else have a very considerable infusion of different blood, we shall certainly have very considerable evils to contend with ; and such a principle will lead, I am confident, to the disappointment of many gentlemen who, at present, have the charge of the insane. I do not think it is possible that any gentleman, who has had a liberal education, can hold the situation I do, if this bill passes in the state in which it now is. I feel strongly upon this matter. I had much rather the Government would pass a bill immediately, and take the money question out of the hands of private proprietors. Let them take evidence on the subject ; let them see what is the truth, and they will find men who have been faithful to their trust for 20 years ; men who have never gone down to the sea-side for recreation ; who have never been able to spend their money away from their heavy charge ; who have been closely confined and surrounded by the atmosphere of the insane ; many of them have spent their money and their substance freely, for the good of others ; and many of them are poor, having been impoverished by the system which has been adopted towards them. Now, I think if we have any alteration at all, the alteration ought to consist in a very considerable augmentation of the commission ; we certainly ought to have more commissioners instead of those medical examiners, who, without paying any ill compliment to them, must be men totally incompetent to discharge the duties of their office. In cases where the patients are examined, that examination ought to be conducted by the commissioners themselves. If they have not time to do it, they ought to enlarge their powers. It is the highest duty that can belong to the commission, and therefore they ought not to delegate it to inferior persons. It is no use to say that they have not time. Sufficient time ought to be devoted to the study of these cases ; if they are barristers, and not able to investigate them, it is much better that they should be confined to duties in town, while a sufficient number of surgeons and physicians, selected from that body of men, who have the best means of judging what mental disease really is, are appointed to travel through the country and satisfy the demands of the public with regard to the safety of the insane. I am sure I do not

say too much when I remark, that unless there are one or two commissioners appointed who have been intimately mixed up with private asylums, there is no other set of men who can inform the commission upon these points, or carry on instruction of that kind satisfactorily to the public. The public will always have the feeling, that they are looking upon men who are not level with them in point of integrity, and in point of rank. I do hope, if we pass any resolution, that we shall recognize these two principles—that of augmenting the commission, and, if that augmentation does take place, appointing a sufficient number of surgeons and physicians who are connected with our private asylums in the country. It is not at all necessary in so doing that the old system should be adopted; you may appoint a board to manage a private lunatic asylum, as well as a public one; a board might conduct it just as well as an individual; and I, for one, should be most pleased to come under such an arrangement, if the commission would only ensure me a return for the outlay I have made. If they would put me in the same position I was in 20 years ago. I would gladly give up my position, in regard to the treatment of the insane, if they would give me a good salary as a gentleman.

The PRESIDENT: I am sure Dr. Burnett's observations have been listened to with great interest. It has been thought desirable to limit the proceedings to making objections to the bill, and representing them respectfully to the government, but not exactly to suggest the course to be pursued. That is the present feeling of the committee, but it is quite open to the meeting to take any course they may think proper, and to propose any resolutions on the subject.

Dr. BURNETT: If nothing substantive comes from us, I am afraid we shall get nothing (hear, hear). It strikes me we ought to make a very large claim, not expecting, however, to have all that we claim. That is the way I should recommend your acting. Certainly we ought to place a substantive resolution before the ministers. If the bill passes as it now stands, I am sure the public will be very considerably worsted, for they will not get a honourable man to fill the situation of proprietor of a private lunatic asylum.

Dr. FORBES WINSLOW: I think, sir, we have arrived at a very important crisis in the history of the specialty in which we are engaged. In former attempts to legislate upon this question, certain measures have been concocted by the Commissioners in Lunacy, or persons delegated by them: they have been framed, clause by clause, I presume, in the office

of the Commissioners in Lunacy, and as I am informed, no gentleman specially connected with the treatment of the insane, and presumed to have a practical knowledge of the operation of the law, has ever been consulted by the Commissioners of Lunacy, or the persons appointed by them, previously to preparing the bills and submitting them to the consideration of parliament. Consequently I believe many measures have gone down to the Houses of Parliament for their consideration, and passed, without any gentleman who has special information, and practical information upon the points, having been consulted. These bills have taken us all by surprise. Fortunately for us, this move in the legislation has opened our eyes, and we have met here in obedience to your summons, to consider, as we ought to consider, the measure which has been submitted to Parliament, and that we may have an opportunity of going thoroughly into the bill, clause by clause. A committee of the House of Commons is to sit to take evidence upon the question. I presume many persons in this room will be examined before that committee, and therefore we now have a valuable opportunity, which we never had before, of insisting upon the government doing the gentlemen who are engaged in this specialty of the treatment of the insane, common ordinary justice ; that is all we require. This bill which has been introduced by Mr. Walpole, and is to be referred to the committee of the House of Commons is, I presume, to be considered only as a skeleton kind of measure, subject to the consideration of the committee, and suggestions will probably emanate from the committee, based upon the evidence which they may think proper to take, with regard to the general question under the consideration of Parliament. Therefore, I think, now is our time, now is the proper opportunity for us not only to consider this bill itself, but to look at past legislation, and to point out to the government the great defects in former measures that have been passed upon this subject, and to insist on their doing us a simple act of justice, by modifying several clauses in former bills which act injuriously upon us as individuals, and by a process of reflex action, act injuriously upon the great interests of the insane. I think with Dr. Burnett, that we are not only bound to consider this bill, but to consider former bills, and after having duly considered them, to make suggestions to the government for the amendment of the law. With regard to the former bill, the first question which is for consideration is undoubtedly that which Dr. Burnett has referred to—the appointment of Commissioners in Lunacy. I think with him, that the present

constitution of the board is defective. I say nothing of the gentlemen who hold office in that commission ; I wish to say nothing personally disrespectful of them ; but I do think that in any future appointments which the government may think proper to make, due regard should be had to the competency of the gentlemen who are to be selected to act as Commissioners. Then that brings me to the question which I had the honour, I believe, in this room, of making at the meeting of the association some years ago, as to the singular restrictions which are placed upon a very large body of the profession, who are virtually, by the former Act of Parliament, disfranchised from the office of Commissioner (hear, hear). The office of Commissioner was thrown entirely into the hands of the public men. I have very great respect for the men connected with public asylums, but I think, in justice to men connected with private asylums, that we who share in the troubles and the anxieties, and the wear and tear of life necessarily connected with the treatment of the insane, should participate in the rewards and the prizes (of which there are very few) that are within the grasp of men connected with this specialty. Therefore I do think it most important and material that we should direct the attention of the government to the restrictions placed upon the appointment of Commissioners—the appointment of men who have an interest in private asylums for the treatment of the insane, who are virtually disfranchised by the clause in the former bill, inasmuch as no man is considered to be eligible for the office of Commissioner who had been for a period of two years connected with an asylum for the insane, or had any personal interest in the confinement of an insane patient. Now I think that is a most iniquitous, unjust, and unfair restriction put upon a large body of men (hear, hear) ; because it throws us completely into the shade. Not that yourself and many gentlemen in this room, if they were offered the office would accept it ; but still, there are many men advanced in life who would like to be placed in a comfortable judicial position like that, and who would be fully competent, perhaps more so than any other class of men, to perform its onerous duties. Therefore I do think that that restriction should be removed ; for it throws a slur and a stigma upon us. It is said out of doors, “Oh, you gentlemen are so contaminated, so degraded by your having any interest in the confinement of an insane patient, or having any interest in a private asylum, that the government do not at all think you fit for the judicial office of a Commissioner until you have severed yourself from the

asylum at least two years, or severed yourself from the two or three patients that you may have a pecuniary interest in. But when you have been placed, as it were, in quarantine, and undergone a kind of purgation, then you may be considered by the government qualified to hold that office." I think we should not be doing justice to ourselves, if we were not forcibly to impress upon the government the importance of striking out that restriction from the former bill. Now, sir, there is a clause in the bill, proposing that certain medical examiners should be appointed, and that within twenty-four hours a notice should be given to those medical examiners; men having no practical knowledge of insanity, but happening to reside in certain districts, and fortunate enough to secure the appointment; notice is to be given to them of all patients admitted into private asylums. We have trouble enough now in making our returns, but the matter is made worse under the present bill. My own opinion is this, that every legitimate precaution should be taken to prevent persons being improperly sent to lunatic asylums under any condition of restraint, and, as far as I am individually concerned, I should have no objection to having four or five of these certificates of insanity if it were required by the law, previously to a patient being placed under restraint. Let two or three men certify to the insanity of the person, and then let these certificates be submitted to the supervision of a competent person, a person not interested, and let him decide whether the patient is in a fit condition to go into an asylum. If necessary let him go and examine the patient. Every precaution should be taken to prevent persons from being improperly sent to an asylum, or placed under restraint, but when once certified, when he is considered to be in a condition to be sent either to a private house or to an asylum, as a person labouring under disease of the body, affecting the mind, as a person labouring under some mysterious disorder of the brain and nervous system, affecting the manifestation of mind (for that is how, as pathologists, we must look at the question) as a person fit to be sent to an asylum, not to a prison, as all legislation supposes, but sent as you would send a patient with a broken leg or fractured skull to an hospital, to be cured through a course of medical and moral treatment; once having been considered a proper person to be so sent to an establishment to go through a course of curative treatment, it is the bounden duty of the legislature to throw all kinds of protection around that person, whilst being taken through that treatment. But if we are to have a number of men coming

to our asylums within 24 hours, to put our patients in the witness box to examine and cross-examine them, why every principle of treatment would be probably frustrated, and the very repose and quietude, the absence from all excitement, which are so essential for the successful treatment of a patient, and for which he has been sent to the asylum, would be rendered impracticable by some ignorant man, who happens to have some influence with the government. Such a proceeding is highly objectionable; it is an inquisitorial proceeding and irritating to the feelings. The examiner does not go to the medical man and say, "I have come to see a gentleman sent to your place, under your care; I wish to examine him as to his condition; let us compare notes, and see whether he is in a state to justify his being sent to an asylum." The object is not to ascertain the truth by comparing notes with the gentleman who has charge of the case, and who is the best fitted to give information as to the nature of the case; but the examiners virtually says to the medical man, "Hold your tongue; I can have no communication with you; I must examine the patient by myself; I must write to the Board of Commissioners; I must not tell you what I have to say; I have to send a secret missive to the Board of Commission." I say it is utterly un-English, and Dr. Burnett properly says that no gentlemen with any decent feeling could, for a single moment, submit to it without a protest. I believe the great defect is in not sufficiently protecting the patients before they are admitted. Let there be ample guarantee that the patient is in a condition to be admitted; then, I say, protect him in every possible way whilst he is being carried through a course of treatment. Then there is another point which I think very important, and which we should insist upon in any future legislation; I mean that the proprietor of the asylum should himself be protected; not only that the patient should be protected, but that some kind of protection should be thrown over those who have the responsible care of the lunatic. At present they are unprotected. I consider that a matter of great importance, that ought not to be lost sight of by the association. Whatever may be our position with regard to the commissioners, we should have at hand some kind of Court of Appeal, that we might appeal from the commissioners themselves in case any question should arise as to the conduct of our asylums, and the treatment of those unhappy persons who are placed under their care. I take this opportunity of repeating what I had the honour of suggesting at Edinburgh, that I do think we should first of all take into

consideration the important interests of the insane, putting aside, to a certain extent, the interests of the proprietors. The great thing is, what is best for the poor unhappy persons who are obliged to be placed in asylums. That is the important point. I do maintain, from my long experience in this matter, that it would conduce greatly to the advantage of a large body of persons who are suffering from insanity in this country, if they could be admitted into asylums without any certificate at all; if men, who felt that they required to be under restraint, that their brains were over-taxed, and that their minds were giving way, could be admitted on their own application. I have no doubt that there are men who, before their power of self-control is entirely destroyed, feel conscious that they are not in their right mind, and ought to be put under certain restraint. Men feeling disposed to commit suicide or homicide, will come to you voluntarily and say, "I shall destroy myself," or, "I shall destroy my wife unless I am placed under restraint." I know a case of a gentleman, who was subject to these homicidal fits of insanity, and who, when they came on, insisted on his hands being tied; and his hands were tied for so many hours until the paroxysm subsided. There are a vast number of these cases where the patients would be anxious to avail themselves of a well-conducted asylum, presided over by a benevolent and skilful man, if they were not compelled to be certified as lunatics. I do not think the matter should be lost sight of. There should be the greatest facility given for the admission of that class of patients into asylums—persons who are conscious that they ought to be under restraint, and who may be benefited by being taken through a course of curative treatment, and would, perhaps, recover in three or four weeks, but who ought not to be formally certified to be lunatics, and recorded as such in the books of the Commissioners of Lunacy. The question is now open for our consideration, and it will be our fault if we lose sight of the general principles of legislation upon the subject. We never had such an opportunity as is presented to us now. It is for us now, who have practical acquaintance with the subject, who are brought into daily contact with the insane, who have lived for years in the midst of them, it is for us to suggest to members of parliament, utterly ignorant of the subject in all its important practical bearings, it is for us to suggest to the government, who are oblivious of all practical knowledge of the subject, upon what general principles all legislation, with regard to lunacy, should be based. This is a valuable time for us, and I am delighted

that you, sir, have called us together, and that we can now have an opportunity of expressing publicly our opinions as to the principles upon which all legislation, with regard to lunacy, should proceed. There is another point which should not be lost sight of. I have no doubt difficulties would be thrown in the way of admitting, under circumstances of great precaution, into licensed asylums, men, who feel that they ought to be under restraint, and who do not like to be certified as lunatics; and I think it is the duty of government to consider whether there should not be some intermediate establishments. Let them be under the protection or the supervision of the Commissioners in Lunacy, or other parties delegated with legal authority to supervise and control all persons alleged to be of insane mind. But the question is, whether there should not be intermediate establishments for the reception of patients of that description. I have seen, and every person in this room has seen, patients who have recovered in four or five weeks, perfectly restored to reason, whom it would have been the height of cruelty to allow to be certified as lunatics, and registered as such at the lunacy office. I repeat, that we have to consider not only this bill but former bills, and it is our duty to impress upon government the grave defects in the constitution of former bills, and endeavour, as far as we possibly can, to get them remedied. As far as I am concerned, individually, I think it would have been much better for the commissioners and the government to look at the matter fairly in the face, and then they would see that the present Board of Commissioners are not numerically competent to the performance of their duties. (Hear, hear.) We must increase the number of the commissioners, and I say it will be much better to add four or five men to the board, competent practical men, men in whom we could place confidence, and thus guarantee an effectual supervision of the insane, rather than to appoint an inferior grade of men. The proposed proceeding is un-English and inquisitorial, and, so far as I am concerned, I should vote for increasing the number of the commissioners, rather than support or sanction any clause like that relating to the appointment of examiners; for I feel perfectly satisfied that no men appointed under such a clause will be fit for the performance of their duty. They will be brought into the most disagreeable antagonism with the proprietors of asylums, so that there will be constant heart-burnings. Our position, God knows, at present is painful and humiliating enough, without having any additional burdens thrown on our shoulders. (Hear, hear.)

Dr. BUCKNILL : I agree with much that has been said on the proposed appointment of medical examiners, but not on the ground that the appointment of such officers would be offensive and injurious to the proprietors of asylums, because I think it is possible that after a while their work might be conducted in a very routine manner. I object to it, because I think that the prescribed duties of the examiners would prove inefficient and useless. I do not believe that in the country districts there are medical men not interested in the care and treatment of the insane, whose opinions in such a position would be worth having ; and I am very certain, that to expose patients to an examination immediately after their admission into an asylum, would be most injurious to their welfare. I believe the medical examiners themselves would find very shortly, that they could not depend upon the result of their own examinations (hear, hear). They would discover the fact, that a large proportion of the insane who are conspicuously insane before their admission into an asylum, become so tranquil very soon after their admission, and remain so perhaps for some time, that it would be most difficult, if not impossible, by an examination at that period, to arrive at a decided opinion that the confinement of such patients in an asylum had been a proper and necessary step. I repeat, the examiner would soon find his unassisted examination inefficient, and those to whom he would have to communicate the result of his examinations would also discover that his opinions were undecided and of little value. Therefore, on the score of utility, and for the purpose of protecting the patients themselves from an injurious source of irritation, I think the appointment of these examiners ought not to receive the sanction of the legislature. I agree with Dr. Winslow in the opinion, that the thing most required to be done, is to increase the power of the inspection possessed by the Commissioners, and I think it could be increased very readily by their visits being made singly, and not doubly, as at present. It seems to me that all the useful purposes of a visit from the Commissioners could be obtained from the visit of one instead of two. It might be needful and right that one visit should be made during the year by two Commissioners, conjointly as at present ; yet all the other visits might well be made by a single Commissioner. The Commissioners at present have a very onerous and disagreeable amount of work thrown upon their shoulders, in the inspection of lunatics confined in workhouses. I think this duty ought to be taken from them, and placed upon the magistrates and upon officers

appointed by them for that purpose. I think the entire responsibility of the care and treatment of pauper lunatics, whether in or out of asylums, ought to devolve upon the magistrates of counties and the visitors of the asylums. The Commissioners of Lunacy ought to be relieved from that very onerous duty, and that would leave them very much more at liberty to make those inspections of private asylums which come more especially within their province.

Dr. DAVY: The resolution which I hold in my hand refers especially to the subject matter of the remarks of the three gentlemen who have preceded me. It alludes to the inspection of the medical examiners, and also to the private report to be made of their visits, and it refers to the very objectionable arrangement by which those gentlemen who practice in this specialty are not allowed to give certificates of insanity. I agree with the gentlemen who have gone before me, that the present is an opportunity which we ought not to lose. We should now express our unanimous opinion on certain points which have been brought under our consideration. The government has challenged us, and placed us in a most awkward position. We are looked upon with distrust. It is for us to show that we are deserving of confidence, and that we, as well as the members of the government, have in view the well-being of our patients. I do not myself understand why objection should be taken to the proprietors of licensed houses. It may be said that I am the proprietor of one. That is true; but I know many gentlemen who are proprietors of private asylums like myself, and really I find nothing in their moral character which should expose them to suspicion and mistrust, and should induce the government to bring into operation stringent rules, whereby their feelings must be hurt, and their position injured in the eyes of the world. I think this is an opportunity which we must none of us lose, and I hope the gentlemen present will feel earnestly that we are put on the defensive, and that the best should be made of the present time. With regard to the medical examiners, I perfectly agree with the remarks that have been made by Dr. Winslow and others. I believe that the appointment of medical examiners would result in extreme disappointment. What an absurdity to suppose that Dr. A. or Mr. B. or whosoever you please, is to have an entrance into Northwoods or any other establishment you like, and, as a superior, pronounce an opinion which is to negative your own; a man who has never had any practical knowledge of the disease, a man who is appointed, not because he has any peculiar capacity to fill the

office, but because he has friends at court! Surely this appointment of medical examiners must fall to the ground. The act would be a downright piece of absurdity, it must result in disappointment to all. Then there is the fact of those gentlemen being required to send in private reports conveying the result of their visits. Why, certainly, the matter is in itself ridiculous. We are to be put by. We who have private asylums are to be put upon the shelf. Our opinion is to go for nothing, and this medical examiner is to take precedence of us in every particular. Gentlemen, I think this is a personal insult. For my own part, supposing the law to come into operation, I shall never receive the visit of that medical examiner at Northwoods, without feeling that he personally insults me, or something akin to it; or if he does not, that the gentlemen who appoint him do. The proceeding is altogether un-English, and it never can continue so long as English hearts beat within our bosoms. Then there is another very serious matter. We who are engaged especially in the care and treatment of mental disorders are to be precluded from giving certificates of insanity. Now, what would be the result of this, if it were to become law? The medical certificates must be obtained from whom? From persons who have a very partial knowledge of mental disease. And what would be the result of that? Why, that a very large number of persons who ought to be placed in asylums, and who, from the peculiarity of their cases, require especial attention, kind care, and good treatment, will be excluded from such beneficial care, and allowed to be abroad in the world; the consequence of which may be very terrible to society. Let me recall to your minds the very terrible consequences of the fact, that numbers of insane persons in this large metropolis, and in most other large towns, Bristol, Liverpool, Edinburgh, Dublin, and other places, are going about every now and then, committing serious crimes, ruining the prospects of their families, bringing themselves into disgrace and committing dreadful acts of personal violence, even murder itself upon our fellow subjects. If you will only take the trouble to look at the newspapers within the last three or four years—take, for instance, a file of the *Times*, and go through its pages carefully, you will be astonished at the number of terrible crimes committed by insane persons who have had liberty when they ought to have been confined. Now, the legislature never contemplates the necessity of protecting the public. All they think it necessary to do is to take care that we who are engaged in this specialty, have

every difficulty in receiving patients, and that every facility is given for demanding the discharge of these persons. With regard to the requirements in reference to the discharge of patients, Mr. Walpole in his speech stated, that if a person had recovered, and shown himself to be in possession of sanity for a period of seven days, he should be forthwith discharged. Now that is a most terrible mistake. Just fancy a patient who had recovered only seven days from an attack of acute mania: is there any gentleman who would undertake to say that patient was well? I believe no one would undertake that responsibility. Certainly I would not myself. Then we know very well there are cases of a recurrent character—recurrent mania, or recurrent melancholia, that will appear to recover for two or three weeks; and according to Mr. Walpole such patients should be forthwith discharged, but what would be the result? Why, unheard of misery and terrible disgrace to individuals and families. [It was stated that what Mr. Walpole meant was, that no patient should be retained more than seven days after his recovery had been ascertained.] We must not be too fastidious in these matters. We must take care that we make every point tell, as Dr. Winslow said. The opportunity will not be repeated, and we must make the most of the present. There can be no doubt in the world, that instead of the appointment of these medical examiners, the only legitimate proceeding will be to appoint an increased number of Commissioners in Lunacy—such gentlemen as shall be really competent to discharge the duties of their office. That subject has been dwelt upon, and I need not further allude to it. One remark more, and I will conclude. There is an additional difficulty concerning gentlemen like myself who are proprietors of licensed houses in the provinces. We have to contend, not only against the difficulties with which Commissioners in Lunacy may under certain circumstances surround us, but also against the peculiarities of the visitors. Now whatever the conduct of the legislature may be, it is, I conceive, highly important that the law should be carried out to the letter, and that visitors should not have it in their power to alter the law. The visitors in the provinces positively alter the law to meet their own peculiar views. They resolve this, that, and the other—for what purpose? Why that their own self-esteem may be ministered to. I say, whatever the act of the legislature may be, care should be taken that the visitors should have no power whatever to alter the law of the land. Having made these remarks, I will conclude by moving the following resolution—

“That this meeting deprecates most strongly the provisions under
“the new Lunacy Bills for the Appointment of Medical
“Examiners, and for the system of Secret Reports to the
“Commissioners, to be carried on by these Examiners; and
“that it also deprecates the clause whereby medical men,
“having an interest in private asylums, are rendered incompetent to sign certificates of lunacy.”

Dr. TUKE: I rise with pleasure to second the resolution, because I am fully convinced, by my own experience in the treatment of insanity, that this arrangement, if carried out, will render the entrance into our special branch of the profession of highly educated and honourable men, almost impossible. Those that are in it must, I suppose, perforce stay there; but I do think that the legislature will not pass the bill as it now stands, if they fully understand that it will be so highly unpalatable, so extremely disagreeable to men who, with fair honour, have carried on for years a very difficult and very onerous branch of the medical profession. In seconding Dr. Davy's resolution, I wish to object to one part of his speech in which he spoke of Mr. Walpole's observations, that a patient should not be allowed to remain a week, or even a day, after recovery. I fully agree with what Mr. Walpole said, and I trust no person in this room will be found to differ from him. I think Dr. Davy misunderstood the bearing of Mr. Walpole's remarks. Passing that over, I would draw the attention of the association to that part of the bill which speaks of the appointment of medical examiners. There has been, during the past year, a feeling in the public mind of a very serious nature, occasioned by recent proceedings—commitments in lunacy and abortive attempts at confining one or two patients—a feeling that it is possible to put a perfectly sane person into a lunatic asylum, or lock him up in a villa, or a cottage, and forcibly detain him there. I thought the bill would have quieted the public mind at once on that subject. I believe, at the present time, that such a thing is impossible. I believe it would be at once found out, and visited with severe and proper punishment. But if it be possible, I must say, that this bill is the very last one in the world to prevent it. It states, that the instant a medical examiner is apprised that a patient has entered a lunatic asylum, he is to go and examine him. Now, either the patient must be absolutely insane, in which case the visit of the examiner is perfectly useless, and, may be, mischievous; or he is not insane, that is to say, a vile conspiracy has been concocted by two or three medical men, in which the family of the patient, and

the proprietor of the asylum, have aided and abetted. In such a case, does the legislature give power to the examiners to dismiss the patient? No, but it absolutely legalises the transaction and recognizes the possibility of keeping a man for seven days in confinement, although he is in a sane condition. The thing is perfectly absurd. The man ought not to be there seven minutes if he is sane; but he should be at once released. The absurdity of that is really so great, that I trust it will be expunged from the bill. I confess, I think the true remedy will lie, not in examination of the patient when received into the house, but in a very careful previous examination before the admission. If an examiner is appointed at all, let him examine the patient before he is received into the house; but when the patient is once in the house let the responsibility of his detention rest upon the gentleman, whose reputation and honour are, in most cases, sufficient to bear such responsibility: I mean the proprietor of the asylum himself. It would almost appear as if the legislature, or whoever drew up these bills, were particularly anxious that sane persons should be sent to asylums; for, in one of the clauses, they make an arrangement, that no medical practitioner, engaged in the treatment of lunacy, or connected with private asylums (and I scarcely know an instance in which a medical man of eminence in our specialty is not connected with a lunatic asylum) shall be allowed to sign certificates. The result will be, that we shall have young practitioners who never saw an insane person, sending people with phrenitis or delirium tremens to a lunatic asylum. We shall have men who are suffering from an excitable temper, or who stutter, or get drunk, set down as dangerous lunatics. At all events, if we have not, it will not be the fault of the legislature, for they propose to take away from the only men who are competent to sign properly worded certificates the power of doing so. I fully agree with Dr. Burnett, that the appointment of such gentlemen as the proposed medical examiners, would render the position of an asylum proprietor one utterly untenable by gentlemen.

Dr. CHEVALLIER: The great objection I have to the resolution is, that it seems to limit the action of this large influential meeting, merely to protesting against certain clauses in the bill introduced by Mr. Walpole. I was in great hopes that the feeling of the meeting would be in favour of taking a more active part. I think that strong representations, coming from such an influential body of gentlemen as those now assembled, might have great weight with the House of Com-

mons ; and I was in hopes that the committee would be instructed to introduce other clauses, instead of contenting themselves with expunging those which are manifestly objectionable. Most of the points have been attended to by preceding speakers. I think it would be a very fine opportunity of increasing the number of the commission, and doing away with the difficulties which now exist, by which all gentlemen engaged in the treatment of lunatics, or who are at any rate interested in private asylums, are actually debarred from ever being commissioners unless they whitewash themselves for a period of two years. The House of Commons representing, as it does, the intellectual part of the nation at large, I think it would be a very easy matter to persuade them that some of these clauses are most absurdly objectionable. These points have been dwelt upon so fully, that I will mention only one or two more that seem to have escaped attention. There is one with regard to the copies of medical certificates and orders to be sent within 24 hours. I think, independently of the opprobrium that is thrown upon all proprietors of private houses, there is almost the impossibility of complying with the Act of Parliament in this respect. Supposing the patient is brought to my house late on Saturday night, I do not keep a clerk as these gentlemen do, who have the control of large public asylums, and I must do all the work myself, so that the greater part of Sunday might be taken up in copying out certificates respecting one or two patients, to be sent off by Sunday night's post to the commission.

Dr. BUCKNILL : Sunday, I imagine, does not count ; it is a *dies non* in law.

Dr. CHEVALLIER : I am afraid it would count in this case. I do not see any limitation in the bill. Reference has been made to the inefficiency of the medical examiners, and to the fact that after a time it would be found out that they were inefficient, and their work would be a matter of routine. I think, however, that they would do an incalculable amount of mischief, before they found out that they were inefficient. I think they would cause a great deal of opprobrium and injury, not only to the individual proprietors of private asylums, but also to the individuals confined in them. After they had done a great deal of mischief, and made a number of mistakes, I think they would very likely find out that they were really inefficient, and would content themselves with a routine performance of their duties, taking the opinions of the proprietors of the licensed houses instead of their own. In the metropolis and other large towns, the medical examiners

might, perhaps, be a very superior race of men ; but, if they are to be appointed by borough magistrates, who have an interest, or who think they have an interest in doing everything very cheaply, we should have the dregs of the medical profession coming and prying into our asylums : and their visits might be attended with injury to the proprietors, to the patients, and the patients' friends. I hope this opportunity will not be lost, but that we shall give instructions to the committee to take some further steps than merely protesting against some of the clauses.

The PRESIDENT : I take the liberty of interrupting the discussion merely to say that, as it appears to be a very general wish on the part of the members that we should not limit ourselves to merely protesting against the clauses, but that we should also suggest something, it would, perhaps, be interesting to you, as it certainly would to myself, to hear what the Society of the Friends of Alleged Lunatics desire in this matter ; and, having heard that, we might perhaps be guided in some degree by it, as to what would be the best course for us to pursue. In mentioning this Society of the Friends of Alleged Lunatics, I know there does exist on the part of some gentlemen, a kind of prejudice against them. Things have happened occasionally, which have been offensive perhaps to particular individuals, without any intention. But I think we are all bound to take specially into consideration that, if gentlemen, whom we allege to be lunatics, consider that they have been ill-treated, whether they have been so or not, it is no use to attempt to put an extinguisher upon their complaints, and it would be unworthy of us to treat them with contempt ; we ought to listen to what they have to say (considering that they have no means open to them except by appealing to the public) and to receive charitably every thing they may do, and to explain where we cannot amend. Mr. Bolden, their secretary, is present, and, although not wishing to obtrude his opinions upon the meeting, if it is agreeable he will explain to us, very kindly I think, what their intentions are, that we may be prepared to agree with what they are about to do, or propose, perhaps, what we think better. If there is no opposition, I shall call upon Mr. Bolden to be kind enough to address the meeting.

Dr. BURNETT : I hope we shall not separate without coming to some substantive resolution. I shall be pleased to put the matter in any form the meeting may approve, but I certainly do think that substantive resolutions ought to go before the minister. The instant I heard of Mr. Tite's notice in the

House of Commons, I put myself in communication with a connection of mine, who is a member of that House, and asked him to be kind enough to pilot me in such a way that I might be able to ensure a committee. He told me that in all probability Mr. Tite would be able to get that committee, but that if he could not get it, my friend certainly would ; and he said, "If the committee is formed, you shall be examined before it." Now the plan I had proposed in my own mind was, to bring before the committee, in the strongest way, the necessity of making a considerable alteration in the commission,—that is the most important part of our duty (hear, hear). Everything else is secondary to it. If that commission is reconstructed according to the commonest justice, all the evils will vanish away like smoke, and there will be no more difficulty about the matter. Only get the proper men to come down and satisfy the public that the thing is being carried out on right principles, that the patients really are insane, that the institutions are conducted according to the best scientific knowledge that we can command, and that men of honour are placed in these positions ; and then you may put any power in their hands, and you may appoint the proprietors of private lunatic asylums on the commission. Why should not men be appointed from private asylums ? As I said before, do not let the public be carried away with the idea that they want to hold the money question in their own hands. I believe that a great number of men, who are actuated by philanthropic feeling would gladly give up anything of that kind. I propose, therefore, that that should be a primary point insisted upon before the committee, that of enlarging the commission, so that they may take upon themselves all the duties of examining certificates, and take all the travelling into their own hands ; so that instead of sending barristers round, who are perfectly inefficient, medical men should take their place, one appointed from private asylums, and another from county asylums. You would then be able to get the information, which you want above everything else. It is not disparaging to those who are at the head of public asylums, men of the highest honour and reputation, to say that if they were elected (as in the case of Mr. Gaskell and Mr. Wilkes), and went fourth to give their opinions, if they saw anything in private establishments, they would be unable to give that information before the Commissioner which is valuable, because it is practical ? I believe it is not in the power of any one to know the exact position, painful as it is, that the proprietor of a private asylum occupies, unless he has

had some experience in them himself. I am firmly convinced of that, and nothing proves it better than the arbitrary and unnecessary remarks that have been made since these Commissioners have been appointed, with regard to the way in which the houses of private establishments are kept up. Their opinion that certain alterations should take place, clearly convinces me that they have been in the habit of suggesting to wealthy committees, alterations which can be accomplished at any moment with any sum of money. Now, I stand here a very independent man; I will explain my position before the meeting, in order that they may be assured that I have been seriously injured, even by the alterations which have taken place for the better. If these Commissioners had not been appointed, I should never have had the serious alterations in my house which have thrown an immense weight of debt upon me, which I think is a very grave evil. I do not think that any private individuals, ought to have it in their power to say, that this place, or that place does not suit. It is in this way that they come in conflict with the magistrates; for there is always a kind of war between the magistrates and the Commissioners, and between the two the proprietor goes to the wall. Before I ever received a sovereign for an insane person, I laid out between two and three thousand pounds on my own asylum. Therefore, I think it is a hard thing that I, and other honourable men, should have applied to us such epithets as were allowed to go before the country—implying that we were wicked extortioners, and desirous of winking at any amount of wickedness. It is a painful position to be put in, and I feel so much hurt at it, that I would rather be an honourable stone-breaker, a man whom nobody could bring any accusation against for doing wrong, than go forth to the public as a proprietor of a lunatic asylum, under the impression that I was a dishonourable man (hear, hear). I feel so strongly on the subject, that I have made up my mind to lay it before the public in a conspicuous way. John Bull is a very liberal person, but his sons are very illiberal, and I am sorry to say that the old fashioned plan of giving honour where it is due, has very much passed out of fashion now-a-days. Directly men hold situations they are suspected, instead of having the confidence of those who appoint them. The fact is, that those who have appointed them are themselves inefficient. The fault is higher up. Depend upon it, all the evil we complain of, arises out of the circumstances of the commission being an inefficient one, and

I shall bring the subject before the government the instant the committee is formed.

Dr. WOOD: I believe that although the public generally, and unfortunately the Commissioners as well, do not give us credit for honesty or integrity of purpose, we all feel a sincere desire to do what is right and what is best, for those entrusted to our care. It is true we get no credit for it, and I believe with Dr. Burnett, we have in a great measure to thank the Commissioners for that circumstance. It is very lamentable to think we do not get that support from the Commissioners which I think we ought to have. There is unfortunately a disposition to regard us all as unworthy of the trust reposed in us. There seems to be a sort of feeling in the public mind, encouraged by the Commissioners, that we are only a set of hirelings prepared to do anything for money. This prejudices our position with those whom we are willing to help, and whom it is our duty to help, and whom I think the majority of us have shown that we are not only willing and able to help, but have helped considerably. The position in which we are placed at present is this: if a patient is placed under our care, it is at once assumed that he has got into the hands of a rascal who will, if he can, keep him, whether he is sane or insane, and who will get all the money that is possible out of him. That is looked upon as our first motive, but I do think nothing has ever come out, except, perhaps, in an individual case here and there, which for one moment justifies such a degrading and base insinuation. I believe that in the profession at large, or in any other profession, there are not more honourable, more philanthropic, more benevolent men than are connected with the asylums of this country, and I believe there are no men so traduced, so vilified, no men treated with such contempt by those who ought to support them. I, therefore, sympathise very much with Dr. Burnett in all that he has said, and I cannot but feel that if we had justice done us by the Commissioners, we should not stand in the eyes of the public as we do. The society which Mr. Bolden represents may, perhaps, take strong views. I believe they do. At the same time we must give them the credit which we claim for ourselves of wishing to do what is right, of wishing to benefit the poor unfortunate creatures who are left to the mercy of men unworthy of the trust reposed in them. We should be very glad to hear what Mr. Bolden has to propose. But the first thing that is wanted is, that we should be recognized as honest men and gentlemen, and I believe until the Com-

missioners do regard us in that light, we can never occupy the position which is our due.

Dr. STEVENS: I feel some disappointment at what appears to be the probable result of this meeting. I am afraid it will go forth that the doctors assembled to grumble over their wrongs and nothing else, instead of taking into consideration the whole body of lunacy law, and seeing how far the different classes of insane are fairly or unfairly dealt by, and making such suggestions to the legislature as shall enable them to produce something more than this emasculated document.

The PRESIDENT: That is distinctly the object of the meeting, and it is with that view I requested Mr. Bolden to address us.

Dr. STEVENS: We have had no reference whatever made to the many classes of insane, whose condition ought to be ameliorated. There are, for instance, the parochial paupers who are suffered to rot in workhouses. Their condition might be remedied, by allowing the magistrates to order their removal to an asylum. Then there is the class a little above pauperism, the class that fills our county asylums, and they can only get to the county asylums by becoming parochial paupers. Such persons might probably be allowed to apply directly to a county asylum, and let the parish decide afterwards who should pay. Then there is the next class of insane persons—people in business with £200 or £300; they fill the lower classes of private asylums. I think for these people there should be some provision in the way of public asylums like our hospitals. Then we come to the larger and higher class of private houses; and there is a fifth class of insane persons, comprising those who will not come near a private house at all. Our proceedings to-day have been confined almost entirely to those classes that come under the Care and Treatment Bill. A great many observations have been made about the inquisitorial nature of the examiners' visits. They are unquestionably inquisitorial, but they are not calculated to answer the purpose intended. Undoubtedly an increased number of Commissioners would be better. But in a medico-ethical point of view, have we not put ourselves in a position to be spoken of as we are? Would it not be better that men of a high and noble profession should have all the monetary part of asylums taken out of their hands and handed over to some lay individual? I do not think it would interfere with the profession at all, or with the receipts. A physician in

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psychological practice would send his patient to a house, and would have nothing to do with money transactions. The payment for board, and so on, would go to the proprietor, while the physician would charge for his visits. This is not a chimera. I can mention asylums where it is in practice. In such cases the physician himself occupies the position of a medical examiner. He would complain to the person keeping the house, "You do not do this, that, or the other." This might, I am sure, be brought about by slow degrees. I cannot concur in Dr. Winslow's objection to the clause which prevents the proprietor of a private asylum from being made a Commissioner in Lunacy, because that would throw doubt upon these men directly. I can easily understand the proprietor of a private house being made a Commissioner, and having the suspicion cast upon him, an unjust one, no doubt, of favouring a particular asylum. Commissioners have great powers in recommending people to be sent to this, that, or the other asylum, and we must avoid any chance or possibility of suspicion. That is the way to put ourselves in a better position.

Dr. BUCKNILL suggested that the resolution should be divided into two parts. So far as he had been able to discover the sense of this meeting it was unanimous in condemning the appointment of medical examiners, as proposed in the bill; but he thought that strong arguments might be adduced in favour of the clause which disqualifies medical men interested in private asylums from signing certificates for the purpose of confining persons in private asylums.

Dr. Bucknill's recommendation having been adopted, the first part of the resolution, relating to the medical examiners, was then put to the meeting, and unanimously adopted. The second part was not put.

Mr. BOLDEN: I feel flattered in having been permitted to attend here, and I must congratulate myself, and the society I represent, that this bill is so very bad that it has induced you to come forward and render your assistance now, and to aid those gentlemen whom I represent, in asking for an enquiry into the laws of lunacy. I fully concur in nearly all the observations I have heard here to-night, more especially those which fell from the gentleman on my left (Dr. Winslow.) There is hardly a single observation which he made in which I do not concur. There are, no doubt, individuals amongst those whom I represent that entertain extreme opinions, but such opinions are not those of the parties with whom I usually act. What we have been seeking for, year after

year, is an inquiry, so that suggestions may be received from every person capable of giving them, as to the best mode to be adopted for the proper care and treatment of lunatics. I am sure there is not one of you that has not at heart the same object. I am certain it has always been the feeling of the gentlemen with whom I act, that proprietors of asylums are anxious to do their duty to those placed under their care. They are subject, however, to much annoyance in one form or another ; and a great part of the duties they have to perform are really mechanical, such as making returns and the like. But what we say is this : the great thing is to secure, before a patient is placed under confinement, that he is not improperly placed there. That is the chief point, and there I should be willing to stop, because I am certain if a party is once placed properly under confinement, the greater seclusion you can give, the greater quietude, the better ; so that every remedial measure may be adopted, and the patients' feelings may not be excited by the medical examiner just as you have begun to soothe them. I put this bill on one side. These medical examiners are neither one thing nor another, neither fish, flesh, nor fowl (laughter.) Their duties are undefined, and I think we may set the bill on one side entirely. In attending here, my object was to ask the assistance of this association, in endeavouring to obtain an amendment of the whole laws made, and offering such suggestions for their general improvement, as you may be enabled to make from your practical experience, and the many opportunities you have of judging what is best to be done. With regard to increasing the number of the Commissioners, that certainly does appear desirable. As to the supervision, I think many of you proprietors would prefer having more frequent supervision, so as to take a certain amount of responsibility from you. But the society to which I belong, starts with this : give us first of all a preliminary enquiry of a satisfactory nature ; you do that now with the pauper to a certain extent ; but I maintain that the great thing is, to satisfy the complaint so generally made by parties who have been placed under confinement, viz., that there was no proper enquiry, and that the thing was done in secret. As regards the care and treatment of the patients, that really must depend upon the character of the parties who have them under their care and custody. We are not angels, and people can only depend upon character. If a gentleman is found to cure above the average number of patients, he will secure public confidence. But, in many

instances, establishments appear to be getting filled with chronic cases, so that you cannot expect to get the number of cures which you have in other houses. What is sought for is, that the lunatic shall be properly taken care of ; that he shall get those comforts and appliances which his position entitles him to. There is one provision here, the result of which must, in some measure, depend upon the mode in which the Commissioners deal with it ; it is one which I am aware they have long endeavoured to get from you, that is, the amount paid for the various patients. Now, that is making it far too much a lodging-house question ; the Commissioners overlook the skill of the medical man, and the attention which he pays to the patient. I fear, with the Commissioners, this is too much a question of pounds, shillings, and pence. I say again, first of all, take care that the patient is properly confined, and then we must trust to the medical man under whose care he is placed. We entrust our lives to medical men in cases of ordinary disease, and why should we not entrust to you also the care of the mind, when it is afflicted, as well as of the body. It is said by some we ought not to have private asylums ; but I fear we are not far enough advanced yet, for any such change. I think something should be done for the middle classes. It must be often a source of great anxiety to yourselves, especially when a party in struggling circumstances is placed in your establishment, and you see the case requires more care and attention than the remuneration enables you to give. Another complaint that has been frequently made is, that patients, when they are confined in asylums, are too frequently debarred from intercourse with their relatives (no, no). I am not stating that that complaint is a just one, but merely that it is made. The correspondence of patients should be as free as possible ; at any rate, the patient himself should not feel that he was debarred from intercourse with the outer world. In making these observations, I am asking you, gentlemen, who are so well acquainted with all the workings of the lunatic mind, that you should yourselves offer to the committee proposed to be nominated, such suggestions as, from your practical experience, you think will be most beneficial for the care and treatment of the lunatic. I am certain, if that is done, there is not one member amongst them whom I represent, but will feel that you have fairly and honourably done your duty ; and, if any suggestions are made by us, which you may feel ought not to be adopted, I am certain that your great experience will have far more weight with the committee than any opinions

of ours. But bear in mind, the point I seek above all others is, preliminary enquiry. We want a general enquiry as to what can be done to amend the laws as they now stand, to remove objectionable portions of it, and also to increase the power of inspection; so that parties may not complain that they have been confined for months without seeing any official person. But those who make their supervision must be men of recognized position. Those of us who have anything to do with counties, know very well the manner in which the appointments are often made by the magistrates; and I fear, therefore, if the magistrates are to have the appointment of these medical examiners, it will lead to discord throughout the country. As the medical examiners are to be paid out of the county rates, the parties will, no doubt, take care of their pockets.

Dr. WINSLOW moved—"That the Committee appointed to-day to
"consider the Bills brought in by the Government for the
"amendment of the laws relating to the care and treatment of
"the insane confined in public and private asylums, be authorized to draw up, and submit to her Majesty's Government, suggestions for a complete revision of the law of lunacy, and
"that members of the association be invited to transmit to the
"committee any suggestions that may occur to them for the
"amendment of the laws relating to the insane."

Seconded by Dr. ROBERTSON, and passed unanimously.

Dr. WOOD: I do not think it possible that this bill can pass in its present form, but one of the recommendations or suggestions of Mr. Bolden seems to me to be after all the one that we must all desire, because it would have the effect of relieving us of some responsibility, and doing away with the possibility of the charge that we were taking care of patients merely from interested motives. If we can satisfy the public, that before a patient is placed under control he has been duly certified to be a proper person for an asylum, our position is at once considerably improved. The difficulty of doing that, however, is very considerably greater, perhaps, than Mr. Bolden supposes. There are many patients, I need not tell the gentlemen present, whose insanity only manifests itself under certain circumstances and at very uncertain intervals. It is next to impossible to say that a particular patient shall at a certain hour be in a fit condition to be certified by any medical examiner: even by yourself Sir, or by any other person in an equally eminent position. However competent a medical examiner may be, it is impossible that he should always be able to say, "This patient is insane, and ought to go into an asylum." That is the great difficulty that presents

itself in carrying out the propositions. But it has occurred to me, that it is just possible the difficulty might be met in this way. Presuming (what the public are not at present disposed to presume) that medical men are gentlemen and honest men, that the ordinary medical attendant of the patient should, upon the application of his friends, be authorised to certify that the individual was in that state of mind that required some supervision; and upon that one certificate authority should be given to the friends to keep the patient under some sort of surveillance until a competent and authorised person should be able to sign a certificate, it might be 24 hours or 48, or three or four days. If we could, in the first instance, secure the safety of the patient by permitting, or making it legal to exercise some authority and control over him in his own home, we might afterwards, the sooner the better, subject him to a more strict and more professional examination by a person who should be competent legally to certify for his admission to a hospital. I should be glad to hear the opinions of the gentlemen present, whether they think such a scheme feasible or practicable. It is one that has occurred to myself, and I do not know of any that is more likely to meet the difficulty that presents itself.

Dr. WINSLOW: There is a very important point which we should not lose sight of, in considering the question of legislation on the subject of lunacy, and the necessity of a strict preparatory examination before any person alleged to be insane is placed under any condition of restraint. We have fortunately, now, a medical council representing all the great medical institutions of the country, and also representing Her Majesty's Government. Some suggestion might be made whereby this medical council might be delegated with the authority of instituting some preliminary examination—sending one of their members to see any person who is represented to be insane after being certified to be so, preparatory to his being placed under restraint, and if that independent medical gentleman holding a very high position, supposed to represent an important corporate body, or even Her Majesty's Government, saw just reasons for the imputation of insanity, he could endorse the medical certificate, previously to the party being placed under confinement. I suggested at Edinburgh, that there should be something like an officer of health, some competent person who had the superintendence of a district, and that he should be called in to see a person alleged to be insane, and that no step leading to confinement should be taken, until this in-

dependent medical officer had satisfied his own mind that the medical men who had certified were right in their impression that the party was a fit subject for restraint. I think, having a medical council, we might make use of that important body, and that they might be delegated with the authority of exercising that amount of supervision over those persons alleged to be insane. In that way, the public, I think, would to a certain extent be satisfied that every care, every precaution was taken preparatory to confinement. I quite think with Mr. Bolden, that that is where the shoe pinches. The outcry is made, that A, or B, has been seen by a person quite incompetent to say whether he was insane or not; that a medical man has been called into the sick chamber, perhaps exchanged three or four words with him, and then gone into the next chamber to sign the certificate, and without more ado the man has been hustled into a cab, and driven to an asylum. I have often heard of such observations made by eminent legal men, and other men out of the profession. The great objection has been to the extent of the authority with which the law invests two medical men. That is the difficulty which you have to meet. If I were examined before a Committee of the House, I should say, I have been eighteen or nineteen years connected with lunatic asylums, and I never saw a person sent to an asylum on the certificates of two medical men who ought not to be sent to that asylum--was not in a condition of mind to justify the restraint. There has been only one case, in the experience of twenty years, about which I had any doubt. A young gentleman was placed under my care, who was, no doubt, either very vicious, wicked, or insane. He was quite a youth, of a good family, but he was the cause of great annoyance; threatening to murder his brothers and sisters, and to set fire to the house, and committing many acts which bore a great resemblance to insanity; and it was perhaps charitable of the family, and of the medical men to attribute those actions to an insane state of mind. It certainly was a question with me, whether he was not more fit for a prison, or some intermediate institution between a prison and an asylum, and I suggested to the father that he should remove him. That is the only case within my long experience in which I entertained the shadow of a doubt as to the propriety of a person being placed under restraint after he had been duly certified. I state this for the honor of the medical profession. But notwithstanding this,—and your experience, and the experience of others would

bear me out in what I have said, still there is no question, that that is the point that the public fix upon, and we are bound to submit to the prejudices of the public, based, as they undoubtedly are, upon humane views; and we should willingly consent, nay, even the suggestion should come from ourselves, that every kind of precaution should be taken before a patient's liberty is in the slightest degree interfered with. That is the point to which we should direct our attention; and having got over that difficulty, having certificates of the medical men backed by some competent and independent authority, when a man is once placed under curative treatment, let him be kept in a state of quietude and repose, whilst being carried through that remedial course. If a man is sent to a hospital with a fractured thigh, the surgeon puts the bones in a state of apposition, and mechanically confines them there; but what would you say to a man who went into the ward of a hospital and said, "I doubt whether that man's legs are fractured; I have come to examine him: take off the splints, and let me see;" and then twisted the man's limbs about, to see whether there was a fracture or not? What kind of union would take place under those circumstances? It is the same with the intellect, in cases of insanity there is a lesion of the intellect: to use the appropriate expression of the French, a disruption of a man's ideas; an interference with the healthy continuity of thought; and he is placed under treatment for the purpose of having that mental lesion healed; and I say it is a most unjust and iniquitous thing, after he is placed in a state of quietude, to allow any person to interfere with the course of treatment which the medical proprietor of the asylum may think it his duty to adopt for the restoration of his patient.

The PRESIDENT: It has been suggested by the learned counsel that we have not taken the least notice of the Public Asylums Bill. The truth is, there is so much before us that it is almost impossible to include everything. My own feelings are very strong upon the misgovernment of public asylums, and the impossibility of certain alterations which they are making being properly attended to. If I mistake not there is a case in the Old Bailey to day of the murder of one patient by another in a large asylum, where no blame can be thrown upon any body except that the asylum is so enormously large that it is impossible for a small number of officers to attend to it. The rule seems to be, to increase the number of patients and to diminish the number of medical officers, so that the same principle appears to be going through

the whole, that medical men are always to be disregarded, that seems to be the sort of principle in the public mind. It was exactly so in the Crimean War. Not the least attention was paid to the medical authority until the men were without clothes, bedding, medicines, and the like, and the consequences we know very well. The subject therefore of public asylums will, I imagine, come before the committee, and occupy their serious attention.

Mr. : There is one point that has hitherto escaped the attention of the meeting, one, perhaps, that the committee will excuse my laying before them: If a general medical practitioner has signed a certificate of lunacy, and the patient has been taken to an asylum upon that certificate, and afterwards liberated upon the opinion of the medical examiner, it seems to me that the patient will have it in his power to bring an action for false imprisonment against the medical man for signing the certificate. This seems to me to be worthy of attentive consideration because the thing as it were defeats itself. One effect of this would be that the medical men finding themselves exposed to danger would decline in all cases of doubtful lunacy to sign at all; hence a large number of persons of doubtful sanity would be debarred from treatment which would restore them to mental health.

Dr. NISBET moved "That this Meeting having sufficient confidence in the Committee of the Association for the amendment of the laws of lunacy, beg to recommend that when they have prepared their suggestions they should call together the members of the Association for the purpose of their being considered."

Dr. SEATON seconded the motion.

Dr. WINSLOW said it was the intention of the Committee to issue circulars to all members of the society requesting them to send their views and suggestions with regard to the present state of the law of lunacy.

On the motion of Dr. WINSLOW, Dr. BUCKNILL, and Mr. MARSHALL; the names of Dr. Hood, Dr. Andrew Wynter, and Mr. Paul, were added to the committee.

Dr. WINSLOW: I beg to move a vote of thanks to you, Sir, for kindly summoning the Association and presiding over its deliberations, and also for the kindness and urbanity which you have displayed during these proceedings.

The PRESIDENT: I am very much obliged to you for the honour you have done me. I have very great pleasure in meeting so many honorable and accomplished gentlemen

engaged in such a very important department of practice. Anything that depends upon me shall always be readily and cheerfully done in compliance with their wishes, as long as I have the honour to hold the office I now fill (applause).

The Meeting was then adjourned to the 26th of March.

The Efficacy of Bran Bread in relieving Despondency in Melancholia, and allaying Mental Irritability, dependent on an irregular and constipated State of the Bowels.

(Anonymous.)

The title of this article will probably on the first impression provoke a smile; and that so simple and seemingly inert a substance as bran should exert so much influence, does appear extraordinary. But it is necessary to reflect before arriving at any conclusion, that it is by these simple means—working gradually, but continuously—that nature effects in time such unlooked for ends. Watch the continued effects of water, drop by drop, on hard stone, or the growth of stalactites and stalacmites in caverns, both of which operations are imperceptible, but still the effect most marked, if visited at distant periods.

In like manner does this simple substance “bran,” when persisted in from week to week, exercise a most decided and beneficial influence over the bodies and minds of persons afflicted with chronic disorders, especially do I allude to those of the digestive organs, with the whole train of melancholy symptoms, of those unfortunates on whose welfare I am now engaged.

We read in Dr. Paris’s *Pharmacologia*, vol. 1, page 166:—“The addition of bran to our bread, constituting what is known by the name of ‘brown bread,’ induces laxative effects, merely from the mechanical friction of the rough particles, or scales of the bran, upon the inner coats of the intestine; for the wheat without the bran in bread is not particularly laxative.”

Now, although I was aware of this passage, and had tried the effects of bread made from brown meal, I had never thought of using it on a large scale, or adopting it as a system, until a neighbouring practitioner suggested it as a

remedy for insane patients in cases of habitual costiveness. This led me to reflect on his remarks, and to try the brown meal in a few cases, but without any decided advantage at first, excepting in mild cases of constipation, where these desired effects were produced; but I thought in irritable stomachs, this meal fermented and caused too great distention from flatulency.

I was induced to try this in other forms, and at last hit upon a plan, which I can now, with confidence, recommend to Medical Superintendents of establishments for the insane. It is a remedy perfectly controllable, but requires, occasionally, medical supervision. I have found that bran (merely from its mechanical irritation), possesses properties most invaluable in all chronic cases, depending on an impaired state of the digestive organs, whether connected with stomach, liver, bowels, or all these organs.

My experience dates from July last, at which period I commenced my experiments on persons afflicted with the above disorders, with the view of afterwards introducing it as a remedial agent into a large private establishment for insane and nervous patients. I not only tested the effects myself in various cases, but induced medical friends to do the same, the result of which has been, that they, together with myself, have formed a high opinion of its virtues; a decided action having been produced in old standing cases of liver, in promoting a fresh and healthy secretion of bile, and causing a regular, copious, natural, and sufficiently solid evacuation, in the place of motions dark and scanty, and often knobby, and that it exercises a gradual, continuous, and healthy action throughout the whole course of the alimentary canal.

For the last three months it has been used in an establishment for patients mentally afflicted, and with decidedly marked beneficial results. There was no difficulty in persuading the patients to adopt it, a few tried it and liked it, and expressed themselves, in a few days, as feeling lighter, more comfortable, less irritable and despondent; it certainly caused the countenance to appear more cheerful, and increased the appetite. It has now become the fashion to eat it, with both patients and attendants; it is generally approved of, and the regular and healthy relief afforded to the bowels, tranquillizes the minds of irritable and melancholic patients, and, without obliging the patient to take medicine, or have recourse to the enema; it improves the tone of the pulse and general health.

I had almost forgotten to state of what ingredients this bread is composed. To make nutritive, palatable, household bread for general purposes, requires three parts of the finest wheat flour, and one part fresh whole bran, with good fresh yeast and a little salt; but in very obstinate cases of constipation, where the patient has always been in the habit of taking medicine, or where an enema has invariably been administered to unload the bowels, two parts of fine wheat flour, and one part of fresh whole bran, will only just cause a sufficient daily evacuation. This mechanical irritant can be regulated to any quantity to suit the patient; if the stomach be delicate and irritable it must be commenced in small quantities at first, gradually increased as the stomach gets accustomed to it. Some cases are so inveterate that a Marshall Hall's pill, composed of the watery solution of *Barbadoes* aloes, taken before dinner, may be necessary. This invariably produces a most copious and firm evacuation.

I am not advising this in the place of cathartics, required for correcting depraved secretions, particularly in recent and acute cases, where the evacuations frequently are of a very unhealthy and offensive character, but I wish to bring to the notice of Superintendents of Asylums a safe and efficient remedy in cases as above described, and where patients are often liable to protracted constipation, often causing the greatest alarm to those to whose care they may have been entrusted.

I have made a hasty sketch of the effects of brown bread, as far as my experience goes. If time permitted I would enter more fully into some cases of dyspepsia, and chronic liver complaints, connected with neuralgic affections of the head and face, which have yielded to an improved state of bodily health, brought about by the aid alone of this bread, in promoting a natural, healthy, and copious evacuation daily from the bowels. One case I may mention, that of a gentleman, which had been of eighteen years' standing, where the bowels had not acted for ten years except by medicine and enemata. This patient states that he now feels perfectly restored; his appearance, which was gloomy and anxious, has become cheerful, with an expression of contentment: he has increased seven pounds in weight. This inveterate case, like many habitual mental imperfections, requires still to be fought inch by inch; for, although the patient has been well some months, the disease would again conquer, unless the remedy, in its strongest form, as

advised above, were persisted in, and the meals composed, in a great measure, of this bread.

I now leave this remedy to be tested by others, and trust they will reap similar results. The rationale may be discussed on a future occasion.

As I am writing for the public good, I may be excused giving my name excepting to the editor of this journal.

On Residences for the Insane. By JOHN CONOLLY, M.D.

(From the Transactions of the Association for the Promotion of Social Science.)

It seems to have been long, before the assistance afforded in other forms of human infirmity was extended to persons bereft of reason. Their actions and appearance being usually repulsive or alarming, they were avoided, and suffered to wander about uncared for until this freedom became inconvenient or dangerous, and were then tied up, and beaten and starved, kept out of sight, and forgotten. Remnants of this system were to be recognised long after asylums were built for lunatics, and even to a period within the remembrance of persons now living. It is, indeed, only within the last thirty years that the exertions of the Society of Friends, which commenced at York about forty years sooner, became really successful in awakening general attention to the treatment required to restore health of body and of mind in those affected with the dreadful malady of insanity.

Much has been lately written in the public journals on the subject of proper residences for the insane, arising partly out of one exceptionable case of mismanagement recently occurring in a private asylum, but containing views and observations founded on abuses which have long ceased to characterize asylums in general. These writings have naturally caused great uneasiness in the minds of all who have relatives afflicted with insanity; and have also contained or led to suggestions, either impracticable or which would multiply the evils so justly condemned.

The mortality among the insane, and recoveries from all forms of mental disorder, appear to be so much influenced by the sanitary circumstances surrounding them, as perhaps alone to afford an excuse for offering some remarks on the subject to the Department of Public Health, and for describing some of the peculiar characteristics of insanity which must always,

and necessarily, modify the arrangements made for the reception of insane patients, determine the residences proper for them, and make special as well as general resources indispensable.

It seems to have been too much forgotten that in every case of insanity the first object should be, as in other maladies, the recovery of the patient; and that this is often impossible without a removal of the patient from home. All the influences and all the associations of home become perverted, in a large majority of cases, in this unhappy malady: the alarm, and even the affection, of surrounding friends lead to hurtful concessions and indulgences, and to the withdrawal of all wholesome control; until the bodily disorder present in the first stages is increased, and the mind is more and more irritated, thus making eventual recovery more difficult, and often altogether doubtful or impossible. Great dangers arise in the meantime, and dreadful accidents are the frequent result. The mere security of the patient then becomes, unavoidably, the first consideration. But the physician must never forget that the mental disorder which is terrifying a whole family is a disorder dangerous to the patient's life; and yet, if prompt and proper measures are resorted to, is generally, in its recent forms, curable. These measures comprehend medical treatment and moral control. The symptoms are to be mitigated, whilst the patient is to be protected. Not only the form of the attack, but the worldly circumstances of the patient, require immediate consideration.

One or two illustrations, taken from the most ordinary forms of recent mental disorder, will perhaps best show what respect must be had to both these considerations, in selecting a proper residence for an insane patient. Let us recollect then, first, the symptoms of approaching mental excitement, or acute mania.

After a few peculiarities of manner, and occasional oddity of talk, manifest mental disturbance ensues; various projects rapidly succeed each other, associated with ideas of grandeur, or power, or wealth, or accomplishments. Great restlessness supervenes, and a desire for instant travel, even to remote parts of the globe. Opposition produces paroxysms of rage. Very soon the patient menaces those about him; gesticulates, shouts, screams, rushes fiercely upon supposed enemies, or spies, or conspirators, or murderers. He thinks it is his duty to sacrifice those about him, and those dearest to him, his wife or his children. He is careless of dress, of cleanliness, and of decency. In such a state, the management essential

to recovery is impracticable in his own house, or in any private family. If the patient is a poor man, he is taken, fortunately for him, and with as little delay as possible, to the county asylum, where the cords, necessarily resorted to in his own habitation as the only security against his frantic actions, are at once removed ; his wretched clothes are taken off, and he has the comfort of a warm bath, and receives various kind attentions from experienced attendants, and is visited by humane officers, and has good food offered to him, and a clean bed in a room in which he can neither hurt himself nor others. The cure, with the poor man, therefore, often begins at once. His mind and body are both favourably influenced. As long as he requires watching he is carefully watched. He soon becomes calmer ; and although he may not immediately recover, the general superintendence of the asylum is consistent with his taking exercise, breathing fresh air, being well fed and clothed, being employed or amused, and lying in his nightly bed with free limbs.

But when the malady appears in the same violent form in a person of the class above the poor, the plan of treatment is not so promptly resolved upon. Family councils are held, individual prejudices have to be combated, the desire to keep the nature of the patient's illness secret, causes every direct mode of relief to be objected to, and, above all, the name of a private asylum produces a shudder in the circle of distressed and weeping relatives. Their situation, if their resources are very limited, is indeed pitiable. The public asylums, with a few happy exceptions (Bethlehem Hospital, St. Luke's, the Hospital for the Insane near Northampton, and the Coton Hill Asylum near Stafford), and the private asylums where the terms are not more than can be afforded, do not offer the advantages enjoyed in the county asylums by the more fortunate pauper. Institutions adapted to the insane of the poorer of the middle and educated classes are yet unhappily wanted.

In reality, however, the greater evils incidental to the state of insanity are generally and most heavily accumulated on the rich. In the houses of persons of distinction the desire of concealment prevails more strongly than among people of moderate rank and possessions and prospects ; and the deceptive belief is indulged in that money alone can command every resource ; so that a determined attempt is made to have the patient treated at home. As long as this vain attempt is persevered in, the whole house becomes a kind of asylum, but without the advantages of an asylum. The patient will not be controlled by the members of his own family ; he defies the

feeble efforts of his servants ; and the services of the nearest persons possessed of muscular strength are generally resorted to, and they, on their part, resort to the coarsest means of coercion and bodily restraint. Fights ensue, blows, and bruises, and wounds. Windows are broken ; bed-curtains are torn down ; doors are smashed ; the fire-irons become dangerous missiles ; and the patient breaks out of the house, terrifying the neighbours, and incurring the risk of various injuries. After this he is overpowered, knocked down, held by the throat, knelt upon, forcibly bound with ropes, or handcuffed and leg-locked in the roughest mode suggested by ignorance and fear. Then, perhaps without consideration, the nearest asylum, no matter what its character, is applied to for the aid of attendants, two or three of whom are obtained, often so ill instructed and so unskilled as to meeting the various difficulties of a case of mania in any better manner, as to permit the patient to continue bound, no matter how, so that he is prevented from striking or kicking them. In all other respects the patient remains neglected, thirsty, unwashed, feverish, raving ; and in many cases, becoming more and more exhausted and weaker every day, he dies.

Let us turn from this picture, and give a few moments consideration to the form of mental disorder most opposed to maniacal excitement, namely, melancholia. In this woful affection, some unknown condition of the nervous system for a time exists, which shuts out all pleasurable sensations, all cheerfulness, and all hope. This malady is, like other forms of insanity, common to men and to women ; but is, I think, more frequent in women. No rank, and none of the ordinary advantages of life, social or mental, form a security against it. An irreproachable life, cultivation of mind, and habits of the strictest piety, do not ward off its attacks. The patient thinks herself steeped in infamy and sin ; believes that she has ruined all her relations, and is to be put to a disgraceful and public death ; or, more dreadful still, thinks herself abandoned by the Almighty. Thoughts of suicide almost always supervene on this state, and self-destruction can only be prevented by constant watching, and by arrangements not possible in a private house. The act contemplated is viewed as a duty, and the thoughts are ever bent upon it ; although intervals of calmness and simulation occur, which usually lead to fatal concessions on the part of friends, and to a remission of precautions, of which the patient knows how to avail herself. The staircases, the windows, the chimney, a knife left on a table, or a pair of scissors, or a piece of tape or string, a stray

towel, a nail or peg in the wall, or even, sometimes, a pencil-case, or a key, or anything that can be swallowed, are converted into the means of death. When walking out, a pond, a brook, a bridge, a cart or carriage in motion, an advancing railway train, may each, if offered to the senses of the melancholic patient, become suggestive of some instantaneous mode of terminating life. None but those who have lived under the same roof with a patient of this kind can imagine the ever-during anxiety existing in a family in such unhappy circumstances. Uneasiness and dread supersede all other thoughts and feelings; all ordinary occupations are suspended, or pursued with interruptions. Every footstep alarms; every sound suspends the breath of the listeners. In these circumstances, there is no safety for the patient at home. No medical man, no clergyman, no private house keeper, would receive such a patient for any consideration; but when the same patient is transferred to a good asylum, much of the anxiety, and much of the danger, cease at once. There is, in fact, no other resource.

In both of these contrasted examples, the question of the patient's removal becomes then unavoidable, and the advantage of removal undeniable. Numerous examples might be added, taken from various forms of mental disorder. But the important question, as to the proper place or residence for the patient, which involves very serious considerations, is that which has been peculiarly prejudiced by the recent discussions in the public papers. It has been assumed, that as abuses still exist in some private asylums, no good asylums are to be found. It has therefore been proposed, seeing how comfortable pauper patients are in county asylums, that there should be public asylums for the richer patients also. Perhaps it is really to be wished that there were such. But as there are very few public asylums, even for persons of moderate circumstances, yet above pauperism, and none at all for the rich, those who take a sincere interest in the proper treatment of the insane, still wishing to avoid private asylums, become captivated by suggestions for richer patients being treated in detached residences, where no other patient is received. The evils incurred by such arrangements are many and great; and such, indeed, as to make the position of the lunatics of wealthy families inferior to that of the lunatic pauper.

Insanity is a great leveller; but in all my professional observations I have scarcely ever met, in any class of society, with patients so deplorably situated as in these detached or

isolated residences for the reception of single patients whose property gave them the unhappy privilege of being secluded in them. Such houses are usually the property of a retired attendant; some man or woman whose habits have been formed in old-fashioned establishments, and who, too often, regards the patient as merely a source of continued income. The patients consigned to them are often without the medical and general care and superintendence which they would have in any good private asylum, and equally without the comforts of a private residence. They are also excluded from all the social advantages consistent with good private asylums, and of which the results are found to be so singularly salutary; and live in a solitude calculated to nurse every passing delusion into strength, and to leave every evil habit to run to incurable extremes. Gloomy surrounding walls, a neglected and slovenly garden, desolate patches of barren ground, ill-dressed attendants, who consider the physician's visit as a troublesome intrusion, prepare him to find a patient whose costume and general appearance are scarcely to be recognised as those of a gentleman. Everything in the interior of the house corresponds with its exterior aspect. The patient's condition, both physical and moral, is wretched. If he is harmless, he is allowed to indulge in all negligent habits as to dress, as to diet and exercise, and, indeed, as to everything that saves immediate trouble to those about him. He is permitted to take stimulants if he desires them, and his attendants avail themselves of his example, either in the house or in public-houses. The attendants themselves, even when most disposed to do what they can for the patient, become listless and apathetic, as an unavoidable consequence of the idle life they lead; and the patient has no person of cultivated mind to associate with, or to appeal to; no variety of objects or persons to attract or to exercise his attention; and often, not even a book to read. If the patient is not so gentle and submissive, and the attendants are not possessed of good temper and patience, mechanical restraint is freely resorted to; instruments for such restraint being usually entrusted to their discretion. During the hours of night, especially when the patient is feverish and restless, and perhaps disposed to violence, requiring especial care and every effort to soothe and compose him, the straight-waistcoat is still too often substituted for all the attentions that would, as a matter of course, be paid to him in a well-managed asylum, public or private. All such attentions are omitted, and fall into habitual disuse; and the unprotected patient is

made helpless that the attendants may sleep. I wish to avoid all exaggeration, and even any statements not absolutely necessary to the question under consideration ; but I have seen, in these detached residences, practices and consequences of which the description is not required, but of which the end was the death of patients who, I believe, if placed in a good private asylum, might have lived and recovered.

Scarcely in any private asylum now existing in this country could such general neglect and such fatal abuses be found. That some remains of the old abuses yet linger in a few of them, and that with such abuses neglect is always associated, may be true ; there are, of course, some private asylums established almost undisguisedly, as mere places of profit, and in which an excessive economy accumulates many evils, difficult of detection ; too scanty food ; too little attention to warmth in winter, and coolness in summer ; and all the faults arising from the employment of harsh and disreputable attendants ; but there is every reason to hope that the indefatigable exertions of the Commissioners in Lunacy will gradually lead to a severer scrutiny than has often been exercised as to the position and character of persons undertaking the charge of the insane ; and that some proof will be required of the medical attendants in private asylums not being utterly unprepared for the important duty of relieving or curing patients disordered in mind. Certain preparatory studies and opportunities of acquiring practical knowledge should be insisted upon, for which facilities ought to be given in all our county asylums ; each of which, during at least three months in a year, should be a school of clinical instruction. Medical students would avail themselves of such an advantage with avidity ; and their doing so would be of great benefit to the public.

Generally speaking, the private asylums in England are now so well conducted as to present every advantage adapted to the richer patients, and to secure all the care and comfort which the poorer patient enjoys in our admirable county asylums. The arrangements made by proprietors of high character and education are suitable to patients of the higher ranks or of the wealthy classes ; including quiet and privacy when needed, and salutary social adaptations when practicable. Removal to these institutions from the patient's home is usually followed by an immediate alleviation of his malady ; and he becomes at once surrounded by every

circumstance and means favourable to cure. Public asylums for the rich could not possibly offer more advantages, nor secure such special attention to each patient. They appear to be recommended by the publicity they would give to every patient's case; and this publicity would not be submitted to. The friends of patients of the higher and even of the middle classes would shrink from it. A very lamentable effect would ensue; that of causing many more patients to be immured in the private residences for one patient, already described; or the shutting up in garrets, or in the secluded wings of country mansions, of many patients of rank and wealth, who would be left entirely to the care of servants, never seen by commissioners, or relatives, or friends, but allowed to drop out of social life and out of remembrance. The extreme sensitiveness of great and ambitious families has too often led to the consignment of a mad or imbecile member to this hopeless solitude; the fact of their existence being soon forgotten, and forming, many years afterwards, a sort of mysterious family legend in the neighbouring hamlets.

The occasional occurrence of an instance of misconduct in an asylum for private patients ought not to make the public forgetful of the marked improvement which has taken place in both public and private asylums during the last twenty years. Almost every thing in their arrangements may be said to have changed; and the animadversions lately made on the treatment of the insane, and the illustrations resorted to for the sake of heightening their impression, have, in reality been based on negligences and cruelties exposed and banished many years since. Neither gross ill-treatment of insane persons nor the detention of patients after recovery, can now be considered within the limits of possibility. The few patients met with in asylums who appear to be well enough to return into the world, are either such as would be overwhelmed in mind by the change, or who entreat the proprietor of the asylum to remain in a home where they have no wants, or cares, or responsibilities. For a great majority of the patients the painful trials of ordinary social life are indeed happily exchanged for residences where their comfort and health are systematically attended to, and where they are subjected to no disappointments, to no unkind words or actions, and to no dangers, a charitable construction being put upon all that they do and all that they say, in all the varying moods of their malady.

Statistical details are scarcely required to show that the health of any class of persons must be ameliorated by the careful exclusion from their residences of all known and avoidable causes of disease. With the exception of the county asylums near London, of which the prodigious size will be found to create new sources of sickness, all public and private institutions for the insane are now so regulated, that all the known and ordinary causes of the large mortality once prevailing in such places are most diligently guarded against, and whatever is known to be favourable to health is as studiously considered and supplied.

Acute cases of mania, even in young persons, have a tendency to be speedily fatal; and almost every form of insanity, whatever excitement and violence may be exhibited, is associated with debility and the same tendency to fatal exhaustion. Many facts are on record which show that in the old institutions these tendencies were not opposed by proper medical treatment or by sanitary attentions. Exposure of the patients to cold, to damp, to dirt and darkness, and to semi-starvation, was almost the rule in all asylums. Large bloodlettings, severe blisterings, lowering medicines, the privation of fresh air and of exercise, prolonged confinement in narrow wooden cribs, or enchainment to pillars and walls, in basement rooms or apartments where proper ventilation was unknown, all contributed to produce an excessive mortality. Even so lately as twenty years ago, the deaths in some asylums were as many as fifteen or seventeen per cent.; whereas, since that time it has been reduced at least more than half. Some of the direct causes of death have entirely disappeared. Mortifications of the extremities were, under the old system, among the ordinary causes of death: they are now almost unknown in asylums. Ulcerations of the back, often occasioned by lying on wet straw, are rendered less frequent, and far less commonly fatal, by the adoption of beds and comfortable bed-clothing adapted to each case. Scorbutus was common; now, it is very rarely seen. Good food, both animal and vegetable, and the warming and ventilation of the galleries and bedrooms, have driven away these afflictions. The peculiar form of paralysis called *General Paralysis*, first accurately described by M. Calmeil, the celebrated physician of the Charenton Asylum, was once considered to be generally fatal within two years from the appearance of its first symptoms: now, life and a considerable share of comfort are preserved in this malady for six or

seven years. Suicidal deaths are also diminished in number. Cases of refusal of food, and of enforced alimentation, which the old registers and case books show to have ended fatally in nearly every instance, are greatly diminished in frequency. The tendency to tubercular consumption, of which mental excitement is still a frequent precursor, appears to have become less common. Instances of death from mere exhaustion are fewer in number. The disuse of bloodletting has saved many lives: and I think it may be said, with perfect truth, that the patients seen in the galleries of asylums, or certainly those met with in the workshops, in the gardens and grounds, in the bakehouses, laundries, and kitchens of our County Asylums, where several of them are now always cheerfully employed, scarcely present more examples of debility and ill-health than are always to be found among artisans, and labourers, and servants, out of asylums.

In every well-regulated asylum the whole system is, indeed, strictly hygienic, in the largest sense of the term; comprehending an attention to all that can directly or indirectly promote the health of the body and the mind. The patients enjoy perfect liberty of their limbs. Chains and all mechanical instruments of coercion are unknown; buildings for the reception of many hundreds of insane patients being opened without one instrument of restraint being provided. In the best private asylums all such terrible appliances have been absolutely discontinued. Fresh air, clean clothing adapted to the season, good food liberally supplied, comfortable beds, warmth, ventilation, scrupulous cleanliness throughout the house, varied occupations and amusements, social entertainments, religious services judiciously and regularly performed, and spiritual consolation timely and prudently imparted—all utterly inconsistent with the old methods of treatment,—are now the things which peculiarly characterize asylums for the insane. The poorest lunatic is introduced to comforts unknown to him before, and which diffuse calming influences over his whole frame of body and soul; and the richer patient enjoys advantages in asylums which no wealth can command out of them.

A Letter to SAMUEL TREHAWKE KEKEWICH, ESQ., M.P.

Devon County Asylum, Exminster, Exeter,
March 7th, 1859.

My dear Sir,—I have been so much occupied since I saw you, that I have been quite unable to fulfil my promise of supplying you with a written statement of my views on Lunacy Reform. I fear that I shall now be able to do so only in a brief and unsatisfactory manner, as I learn the select committee has already commenced its sittings, and I am anxious to place my views on the question in your hands without delay. I fear that Mr. Walpole's Bill on the Care and Treatment of Lunatics, can, as it stands, be considered in no other light than a sop to the Cerberus of public opinion. I grant that after the excitement of last year, a sop was necessary, but I fear the form in which it is offered will prove very unsatisfactory.

The gist of the bill is the appointment of Medical Examiners. I see no objection to any of its other provisions; but this I feel sure will prove a failure. The objections, as they suggest themselves to my mind are:

1st. That in the provinces where these new officers would seem to be most needed, it will be impossible to find medical men possessed of knowledge of mental disease and of independent character, who are not interested in asylums or in private insane patients.

2nd. That many patients who have been undeniably insane before being sent to an asylum, become tranquil and reasonable, and able to pass a superficial medical examination for a period of some duration after admission into an asylum, and although this lull in the symptoms is generally but temporary, it will be found practically to depreciate these medical examinations to the vanishing point of scientific value.

3rd. That these examinations cannot be conducted without serious injury to the welfare of the patients, by disturbing and exciting them at the very time when mental repose is of vital importance to them.

4th. That the proposed duties of these Medical Examiners and their secret reports, are most offensive to the feelings of all the medical men engaged in the treatment of the insane, and that if the proposed clauses are enacted, the hostility and resistance of these medical men will render it impossible for

the examiners to discharge their duties, so as to be of any value to the public. I could point out fifty patients whose mental condition I would defy a Medical Examiner to ascertain without my assistance.

5th. That it appears unwise to legislate upon the principle of permitting an evil, which is capable of prevention, to take place, and then to apply the remedy. Therefore, if it is believed that persons are wrongfully or ignorantly certified to be insane, and deprived of their liberty in private asylums, let the remedy be applied where the evil commences, and the Medical Examiner be authorized to examine the patient *before* he is placed in an asylum and not afterwards.

I am convinced that if the clauses referring to Medical Examiners are enacted as they stand in the bill, they will cause great disappointment if not great mischief. With this exception, the sins of the bills are not so much those of commission as of omission. On these, let me state in the first place, that in my opinion a comprehensive measure, amalgamating the different branches of Lunacy Law, would be, by far the best thing for the legislature to undertake. Bills on Private Lunatic Asylums, and on Public Lunatic Asylums, and on Chancery Lunatics, and on State Lunatics, are but fragmentary pieces of legislation.

What is wanted is a comprehensive Statute, to consolidate and amalgamate the whole. This, I suppose, is not likely to be done, and the next best thing will be to make the different pieces fit each other as well as may be.

The first and great need is to extend and define the authority, and increase the efficiency of the Commission.

The Commission is quite inadequate in mere numbers and working power to its duties. Mr. Walpole's bill proposes to add new and very onerous duties, and I hope to be able to shew you that a still greater extension of duty is desirable.

Without commenting upon the present state of the Commission, let me state my views of the manner in which I think it would be desirable to enlarge its sphere of operation, and to extend its utility. In my opinion, the power which the Commissioners have over private asylums in the Metropolitan District, ought to be extended to all private asylums in England and Wales.

The frequency of their visits to all private asylums ought to be increased, and the duties which Mr. Walpole's Bill proposes to lay upon the Medical Examiners, ought to be discharged by Commissioners; they ought to have increased, but more defined powers over private asylums, and the condition of

single patients ought to be brought more strictly under their cognizance. I should weary you with the length of this letter were I to go into the detail of reasons for all the above suggested charges. Let me briefly state,

1st. That the magisterial visitation of private asylums in the provinces is performed in a most irregular and unsatisfactory manner. In some counties, as in Gloucestershire, it is strict. In others it is most lax. The partition of authority between the Visiting Justices and the Commissioners is mischievous, and the Magistrates may yield this duty to the Commissioners with every prospect of advantage to the interests of the insane.

2nd. The granting of licences in the provinces may advantageously be transferred from the Justices to the Commissioners. In this matter the Justices are not always so free as could be wished from personal and local bias, and I have known instances in which they have refused licences, for reasons which would probably have induced the Commissioners to grant them; namely, because the proposed asylums were in cheerful and pleasant sites, and were considered too near to the residences of other persons, who naturally chose the neighbourhood of such sites. It would be well if it were enacted, that no asylum should be erected or licensed beyond a short stated distance from a railway station.

3rd. The present power of the Commissioners in private asylums is limited to making recommendations and reports; and, in the event of these being repeatedly disregarded, or for positive acts of misconduct or mismanagement, to preventing the renewal of the license. The last act of authority would, in many instances, entail actual ruin upon the persons against whom it was directed. I have been informed of an instance in point, which has recently occurred. It seems unquestionable, therefore, that some intermediate authority should be given to the Commissioners, whereby an asylum may be taken out of the hands of those who ignorantly or wilfully continue to mismanage it, without taking away the livelihood of those whose subsistence is dependant upon it. For this purpose I recommend that the Commissioners should have the power of selecting and appointing and of fixing the salary of a resident medical officer to any asylum, whose continued mismanagement has defeated their efforts to reform it, and that the management of the asylum should be transferred from the proprietor to such officer during the pleasure of the board.

4th. That the Commissioners should be held ultimately responsible not only for the proper management of all private

asylums, but for the proper detention of all patients therein ; and that for this purpose they should examine and report to the board upon all cases recently admitted into private asylums, and upon all other cases upon whose proper detention they may entertain doubt ; and that the proprietors and medical officers of asylums should be required to afford them every possible information and assistance, to enable them to arrive at a full and accurate knowledge of the condition of their patients.

5th. That the visits of the Commissioners to all private asylums should be made more frequently than at present. In order to enable the Commissioners to discharge these additional duties I recommend :

1st. That they should be relieved from the duty of visiting the insane paupers detained in Union Houses, and that this duty should be made to devolve on the Visiting Justices of the County Asylum ; and that, to further its discharge, every Committee of Visitors should be made to contain one or more Justices of the Peace, resident in each union of the county. In two many instances Visitors of County Asylums do not contain any members who can represent the wishes and interests of the more distant Unions.

2nd. That the labours of the Commission should be more systematically economised than at present, and that with the exception of one annual visit to be made by two Commissioners conjointly, all the visits to private asylums should be made by single Commissioners ; also that some division of labour should be adopted ; for instance, that one legal Commissioner should attend principally to the duties of the office, and that another should have special cognizance of the state lunatics : and, as it is clear that the proper appreciation of the existence and treatment of mental disease is, and ought to be, a specialty of the medical profession, that all additional appointments of Commissioners should be conferred upon members of that profession. In connection with this latter point I may add, that if the unquestioned impartiality, and freedom from suspicion of partiality of the Commission is to be maintained, the existing law which excludes persons having interests in private asylums for two years must not be repealed, otherwise the proprietor of a private asylum, on being promoted to a Commissionership, would be open to the suspicion that he brought his asylum property to a better market, in consequence of the influence which, in his official capacity, he might exert in its favour.

There is no subject connected with lunacy which more needs the attention and interference of the legislature, than

the condition of those lunatics who are what is called single patients ; and under this term I include not only those who are certified to the Commissioners as being "kept for profit," but those who are kept at home, and elsewhere, without any medical certificate or legal form. The ill-treatment of patients which can occur in lunatic asylums, are as nothing compared with that which is inflicted on this unfortunate class.

The habits and dispositions of the insane are so trying to the patience and the temper of those on whom their immediate care devolves, that their protection demands, and always will demand, the vigilant watchfulness of the superior officers of asylums in which all measures of treatment are conducted in the most public manner. Where ever such supervision is not exercised, cruelty and neglect must be the frequent results of the idleness, the selfishness, and the irritability of temper of that class of persons whose wants compel them for a livelihood to become the constant companions of the insane, in an undefined and dangerous position between master and servant.

A medical man, who pays even a daily visit to a house in which a single lunatic is placed under the control of an attendant, has but little power of supervision over the care and treatment which his patient receives ; very frequently he has no knowledge of the care and treatment which it is desirable that he should receive, for these single cases are commonly attended by medical men who have no experience in the treatment of the insane, and the attendant is employed as a comparatively skilled person, and allowed to do very much as he thinks fit. Several of the London physicians practising in lunacy, conduct a regular trade in the supply of attendants to medical men and others ; they pay them a yearly stipend and support them when they are not employed. When they are employed, the physician takes from two-thirds to three-fourths of the attendant's fees for his own profits. Attendants thus employed frequently take straight waistcoats and other means of restraint with them, as a part of their outfit, and they too often apply these means of restraint with or without medical sanction, in a manner most objectionable and injurious to the patient. As the result of these and other circumstances, which it would be tedious to detail, I affirm that the condition of patients, even in the worst managed private asylums, is in every way superior for their present comfort and well-being, and for their prospect of recovery to the insane who are scattered over the country as single patients.

The interference of the legislature is required : 1st, for the registration of such patients ; and, 2nd, for their visitation.

The law requires that all single patients "kept for profit" should be placed under exactly the same legal forms as if they were placed in an asylum; but the term "kept for profit" is so vague, that the enactment is systematically neglected, and its penalties defied.

I do not believe that there is any desire among medical men to keep secret from the Commissioners the fact that they have single patients under their care; but the demand for two formal certificates of insanity, and still more for a statement thereof from a relative, is found in cases of recent insanity to be very objectionable to the friends and relatives. The consequence is, that only a small proportion of single patients, kept in lodgings and elsewhere, are certified to the Commissioners.

I would propose, as a remedy, that the medical certificates of insanity, and the statements of relatives of single patients kept for profit, should no longer be required; but in lieu thereof, that every medical man, in attendance upon a single patient, should be simply required to send a statement of the fact to the Commissioners, and to report the mental and bodily condition of the patient to them once in every three months. This will provide for the registration of single patients who are under medical care.

Those lunatics who are detained at their own houses, but not under medical care, can, with difficulty, be brought under the notice of the Commissioners, without interfering unduly with private rights. I would, however, recommend that the imposition of mechanical restraint on a lunatic so kept, or long-continued seclusion or incarceration, without medical sanction and supervision, or the obvious neglect of the patient's health, by omitting to provide him with proper food and clothing, and means of cleanliness, should be made a misdemeanour. The case *Regina versus Huxtable*, tried at the Devon Lammas Assizes, 1855, illustrates the need of such enactment. In this case, one Edward Lancey, a harmless lunatic, who was also a cripple, had been for many years incarcerated by his brother-in-law in a wretched cell, eight feet by six, in extreme filth and want of all comfort. Mr. Justice Compton, however, directed the jury that there was no case against the prisoner, for that he appeared to have done all that he could, for the lunatic, under the circumstances. I have not heard that since this decision the Commissioners have prosecuted any person for neglect or cruelty to a single patient, although gross instances are from time to time discovered, and I have myself visited, and been the means of

placing under proper care, a farmer who had been incarcerated in one small room for eighteen years.

The official visitation of single patients is a delicate and difficult question. The cherished English maxim that the domestic privacy of a man's home shall be sacred, cannot be disregarded. This feeling has, indeed, been set aside in recent sanatory legislation, when it interfered with obvious public interests; and some infringement thereon may be thought justifiable, when the object to be obtained is the protection of a helpless and suffering class. The principles which seem to recommend themselves are, that the visitation of single patients not at their own homes should be made as if they were in private asylums, and that the visitation of single patients residing *bonâ fide* at their own homes, and not in lodgings or houses occupied for the purpose of their detention should be made by single Commissioners, acting in each instance under the special instruction of the board. And that means should be provided by which the relatives of a lunatic may avert such visitation, by themselves providing with the consent of the Commissioners, the visitation of a Justice of the Peace and a medical man, who should report to the Board of Commissioners the condition of the patient, and the care and treatment he receives.

In this matter a practical line will have to be drawn between veritable lunatics, and those numerous weak-minded persons who live tranquilly in their family circle, without need of treatment or visitation.

If the above views are correct, it is clear that the Board of Commissioners ought also to be provided with ample powers to remedy the neglect or ill-treatment of a single patient wherever he may be.

With regard to the Law of County Lunatic Asylums, I have to recommend two important alterations, each of which will require many provisions in order to secure their satisfactory working, namely,

1st. That both the care and treatment, and the relief of all pauper lunatics, whether they be in or out of asylums, should be placed under the direct supervision and controul of committees of Justices of the Peace. The appointment of such committees may well remain as at present with the Courts of Quarter Session, but it will be certainly desirable that every such committee should contain one or more Justices resident in each union of the county, and it will be worthy of consideration, whether every Board of Guardians should not have the privilege of nominating their chairman, or some other member

of the board, being also a Justice of the Peace, to act on such committee.

The existing law, notwithstanding the provision for patients out on trial, is framed with the evident intention that when a poor person becomes insane he shall be immediately transmitted to the county asylum, and that he shall be there detained under care and treatment until he is perfectly cured, when he shall be unconditionally discharged ; after which he may, if need be, obtain poor-law relief as an ordinary, but not as a lunatic, pauper. These intentions of the law are carried into practice only in a small proportion of the cases which occur. The ordinary history of a case of lunacy in a poor person divides itself into three periods :

1st. That which precedes his admission into the county asylum, during which pecuniary and medical relief is sought, and the patient either remains at home, or is taken to the union house, and, for a time, illegally detained there.

2nd. The period of his care and treatment in the asylum.

3rd. The period subsequent to his discharge ; during which, with mental powers still enfeebled, with habits of self-reliance in disuse, under the suspicion of his neighbours, with former sources of employment and subsistence lost, the unfortunate man has to undergo a mental and physical struggle, most perilous to the continuance of his sanity.

During the first and third of these periods which, in medical terms, would be called the period of invasion of disease, and that of convalescence, the lunatic pauper is under the control of the guardians and their officers, who do not, as a rule, adopt the most liberal and humane, which would also, eventually, be the most economical measures for his comfort and relief. The obvious results of the system are : 1st, that poor persons becoming insane do not receive proper care and treatment in the early stages of the malady ; and, 2nd, that when once they find their way into county asylums, the Visitors of the latter, having no confidence in their proper care and treatment elsewhere, refuse to sanction their discharge in the chronic state of incomplete restoration. The combined result is, the continued accumulation of incurable cases of lunacy in county asylums, with much hardship endured by insane paupers elsewhere.

I propose to remedy these evils by removing from boards of guardians all authority and control over lunatic paupers, by giving to committees of justices the power to visit union houses, and to order the removal of any lunatics found therein, and the power to order and direct the medical

visitation and pecuniary relief of lunatic paupers at their own homes, or wherever else they may think it expedient that it should be administered. I would recommend that the admission of pauper lunatics into asylums should be simplified and facilitated; and that justices should be empowered to purchase, rent, or construct such buildings as they may think fit, for the purpose of establishing asylums auxiliary to the county asylum, in which incurable and tranquil patients may receive proper care and treatment, at a lower cost than that incurred in the principal establishment.

I believe that the adoption of these recommendations will, in the end, economise the expenditure of parochial rates, by preventing the accumulation of cases of chronic insanity in large asylums, constructed and conducted at great cost.

The second recommendation I have to make is, that the expenses incurred in County Asylums should be levied in a manner similar to that which is adopted in the Poor-Law Unions, namely, that the expenses of the staff and the establishment should be levied upon the whole district for which accommodation is provided, which in this instance would be upon the county at large, and that the cost of food, clothing, and medicines only should be levied upon the parishes to which the patients respectively belong.

This division of asylum expenses, into those of the establishment and those of maintenance, will tend greatly to facilitate the administration of relief to the insane poor, by diminishing the burden upon the poor's-rates and obviating the resistance of the rate-payers.

In an asylum, where the present weekly charge for a patient is 8s., the establishment charges would be about 3s. 6d., and the maintenance charges about 4s. 6d.

The proposed method of levying asylum expenses would also be more just than the present one;* for it is obvious that, although a parish may be so fortunate as to have no lunatic pauper in the county asylum, the existence of the asylum is a great advantage to it, a potential though not an actual re-

* The cost of crime which is to great extent preventable is not made a burthen on the parish in which it occurs, but is distributed over the county at large in the form of police and prison expenses. There is a large parish in this county where the example and influence of the wealthy has been very unfortunate, and where the amount of crime among the poor has been the theme of frequent comment. The county at large has had to bear the cost of the numerous inmates which this parish has supplied to the county gaol. According to strict justice, the expenses of preventable crime ought to fall upon the parish; while the expenses of insanity, which is not preventable, ought to be distributed over the county. Expediency alone would indicate that the expenses of both should be distributed.

source for which it ought to be called upon to contribute, as a man contributes by an annual subscription to the establishment expenses of a club, although he may not use it.

It will be desirable to enact an uniform system of accounts for the use of county asylums, and to provide for the appropriation of the sums charged in excess of the maintenance rate for borough and out county patients, in which, as you are aware, the greatest diversity of practice now exists.

I fear that you will think that your invitation to me to address you on the subject of the Reform of the Lunacy Laws has brought upon you an epistle of unconscionable length: but the active interest in the welfare of the insane which I have known you take, during the fifteen years that I have had the honour and the pleasure of acting under you as Chairman of the Visitors of this Asylum, assures me that you will give not only my views and recommendations, but the whole of this important subject your earnest consideration. Whatever that may lead to, I sincerely trust that you will use your influence to persuade government to put aside the idea of imperfect temporizing legislation for the insane, and to face the real difficulties of the question with a comprehensive measure.

I remain, my dear sir,

Yours very faithfully,

J. C. BUCKNILL.

To Samuel Trehawke Kekewich, Esq., M.P.,

Chairman of the Visitors of the Devon County Asylum; Member of the Select Committee of the House of Commons on the Lunacy Laws.

James Atkinson's Prison Letters.

James Atkinson, who was tried for the murder of Mary Anne Scaif, at the last Winter Assize, at York, while in prison awaiting trial wrote the following letters, which have been omitted in all former reports. It will be remembered that the defence was imbecility, and that the prisoner was acquitted on the ground of insanity.

The letters will speak for themselves, whether the capacity of the accused was or was not on a level with that of a child of five or six years of age. The manner in which the Counsel for the prisoner attempted to get

over these letters was by supposing that they were dictated by the Wesleyan Minister: but this the Minister has denied. He says he never dictated a word, nor did he know that the letters were written; indeed, the two first were written before he ever saw the prisoner. It may be taken as a fact that they are the spontaneous effusion of the man himself. They make manifest the degree of mental capacity of the accused and the motive for the murder. They have been verified by Mr. Price, the Counsel for the Crown, and appear to justify the extract copied in the *Times*, December 28th, 1858, from the *Leeds Mercury*:

"THE MURDERER ATKINSON.—After his acquittal, on the ground of insanity, on Saturday last, the prisoner coolly walked from the bar into the dock, where he was engaged for nearly two hours intently reading a book. Since his trial, he has put off the supposed *imbecility* which he displayed before the medical witnesses, and conducted himself with as much rationality, intelligence, and acuteness, as any prisoner in custody."

[No. 1.]

September 3, 1858.

Dear Friends—I take the opportunity once more to write to you hoping you well. You will be very much troubled about the awful crime I have committed as I am as much as you. I wrote to Mr Gill about it I thought he would be in trouble about it as I think him clear of it be what she said about her mother as I thought she wanted some one else. As I should not think of her having any one else we had been so much connected together I thought it was a very queer idea of you wanting to part us. She was very queer with me at Bewley Galay after Mr Gill shook hands with her. I told her she must want to be with him. She said she would if I did not mind more so. After he came again as we was standing together he said about you going in to the kissing ring and she said you are like to go on something of that sort and he went away then and she was very queer after that but we got all right in the night. I think Mr Gill is clear after all that if your mother had not been so queer with her *that Sunday* night it happened this would not have been the case as I think we was all right at tea time before your sister and mother came in and after that she sited me all the night till it happened as I think you have no one to blame but yourselves. I have been the worst of all to do as I have done I can forgive you all and I hope you will forgive me as the Lord says we must for-

give one another, he says tho' their sins be as scarlet he will make them as snow though crimson he can make as wool that [some portion illegible here] if they would only repent to him as that dear one had little time if he thought she was worthy of it he would do it it is all I wish for in this world as we all are borne to die and don't know how soon that will be as I little thought that we was born for this we little know what we are born for this as had to be our case I never thought but we should have been married before now it had not to be I hope the Lord Jesus Christ will make us happier than should have been here as we shall all rise together As I hope this will be a warning for you all at Darley and her parents and mine too I hope you will bear one another no malice through this as they could not help it I received a letter from Mr Gill and he was glad to hear from me such one as I sent him and the Lord Jesus Christ says we are all to forgive one another as I shall do all of you
I remain

Your sincere friend

JAMES ATKINSON.

Should have been your brother if things had not passed out as they have for time and eternity. I hope it will be for the better as I thousands, I would have given thousands of worlds to have it back.

Read Matthew, chapters 5, 6, 7. See 55th chapter Isaiah.

As it will have brought a great trouble on you, if one could always give things thought before hand, as the Lord has all ruling he can do as he thinks.

[This letter was written to the brother of his sweetheart.—G. W.]

[No. 2.]

[*Written to the sister of his Sweetheart.*]

September, 1858.

Dear Friend—I take the opportunity to write these few lines to find you all well you will be in very much trouble about your sister and me and our souls eternal as I have as much as you to think that evil one had got so much hold of us [or as] that the more I think of it the worse it is She told me in winter she thought something would happen us queer in the end as all I wanted was for to get married We should be happy then she thought the same we should have been but she felt poorly the time I thought it would have been and after that she was as willing as me till her mother began to be so queer with her as she told me

you said something about me as well since my father and your mother fell ought more so [here it is illegible] I thought a good deal about it as I told her I thought she wanted some one else as she slighted me so much we was all right that Sunday night before you come and your mother as I had no such a thought in my head to do as I have done it was same as if it had to be nor never had when we was contented together as we always was before your mother was so with her As it is a very dreadful parting I think I had better don thousands of ways than doing as I have as I can forgive you all as the Lord says we should forgive one another as she had little time to repent in. The Lord can save to the uttermost I hope she as fallen asleep in Jesus as I have been the worst of all the Lord says he can forgive the vilest of the vile if they will repent to him with humble contrite hearts as I am praying to him for my sins for they are many I little thought this would have to be the case with us as we little know what we are born to though our sins be as scarlet he can make them white as snow as crimson as wool that is one of the worst that I have been as he knows all our sins we shall have to appear before him at the last day you as well as me I hope you will have got her likeness from my parents My wish his for us all to be in heaven

Read Luke 21st ch. Isaiah 55th ch.

J. A.

[No. 3, written to the same.]

York Castle, Nov. 17, 1858.

Dear Friend—I take the last opportunity to write to you hoping you well As you will be in much trouble as I am to think that I should have placed ourselves in such a awful situation as you will think that I have been a very wretched one as I have done one of the awfulest crimes that ever was committed I think The more I think about it the worse it is It is a thousand pities that I did not value our souls eternal welfare before it happened You are to blame about us not getting married as she always told me all you said about me as I had got it into my head that no one else could make me happy in this world and we both of us thought so much about one another before your mother was so much against me I think it was very wrong of her to do so as long as we had gon together It was a thousand pities her falling poorly when she did if she had not this would not been the case with us as we was always very

happy before that and she always told me all you said about me I think if she had not this would not have made me so unsettled as I was and she begun to be much quearer with me after Gill came to your uncle's that night it was a thousand pities but we had parted but it seems it was not to be the case as I had not the least thought about doing as I did when we parted from Furness and you not ten minutes before She was very quear with me all the way from the chapel she began worse at the bottom of the lane As I can forgive you all I hope you can forgive me Do not bear my parents no malice they could not help it I had it in my mind to *put myself away but my heart failed me* after I cut her I had it in my mind at times before but when we was content I never thought about it I have brought great trouble on all our friends I have our father's and mother's gray hairs down to the grave with sorrow I think our fathers will never look up in this world again I hope it will be such a warning to them as they have not had a late *I feel that I deserve all that I shall get in this world* I hope He has received that one soul he can save to the uttermost I am not worthy to ask him for forgiveness but I feel he can forgive me if it be his will He gave his only begotten son to save them that is lost tho' their sins be red like as crimson as wool as mine has been the vilest of the vile I hope you will all turn to him and repent of your sins you only have a little longer to be in the world you do not know how soon as we little thought this we expected being happy married by this so if you wish to see me or write either I shall be very glad as we little know what has to be in a year Farewell dear friends farewell if we shall meet no more we shall meet in heaven if the Lord's will be done I hope you have got her likeness.

J. A.

A Bill to consolidate and amend the law relating to the Lunatic Poor in Ireland, prepared and brought in by LORD NAAS and Mr. ATTORNEY GENERAL FOR IRELAND, February 7, 1859.

A Copy of the Communication of Dr. CORRIGAN (one of the Commissioners) assigning his reasons for dissenting from a portion of the Report of the Commissioners on Lunatic Asylums in Ireland: Return to House of Commons, February 7, 1859.

It is with great diffidence that we undertake the task of commenting upon this Bill. The flickering haze which rests upon the landscape of Irish life so disturbs the clearness of English vision, that we doubt if we judge of anything correctly, which takes place on the other side of the channel, from our point of view on this. We have, however, received several communications from our Irish brethren, urging us to represent their views in our journal, on the important legislation which is holding out its threats and its promises to them at the present moment. It would have been more satisfactory if some of the numerous and accomplished members of the Association, whose field of professional labour is in the Irish asylums, would themselves have undertaken this task; the more so since, when we affirm that such and such things work well in England, we are met with the constant rejoinder that it is not so in Ireland, that things are quite different there. A most important instance of this is afforded in the opposition made to the principle and basis of this Bill, which confers powers, hitherto held by the Executive, on Committees of Visitors appointed by the Grand Juries of counties. In England, the administration of justice, which brings the law to every man's door, is entrusted to gentlemen in Commission of the Peace, and to Borough Magistrates; and the management of pauper lunatic asylums is placed entirely in their hands. This task they have, with the rarest exceptions, discharged with exemplary diligence and fidelity. In Ireland, the initiative administration of the law is in the hands of Stipendiary Magistrates; but the Grand Juries in counties represent the same class of persons as the English Courts of Quarter Sessions; and to them it is proposed in Lord Naas' Bill to delegate some authority in the management of lunatic asylums, though by no means to the same extent as that which is exercised by the Visitors of Asylums in England. A strenuous opposition is being made to this, and when we say that the system has worked admirably in this country, we are met by the rejoinder that Irish

Grand Juries are nests of jobbery and corruption. We are fain to hope that it is not so; and that the bad odour of past offences, rather than present failings, is the ground of the charge. We are fain to believe that the Irish country gentlemen are not essentially less just than the English and we are certain of this, that to decry the highest class resident in a country, and to remove from them social powers and duties, is not the way to elevate the tone of public morality, and to diminish the prevalence of jobbery and corruption. We look upon the public responsibilities of country gentlemen as a great school for the formation of public character; and if it be that the Irish country gentlemen are a little behind our own happy land in this education of social duty, we recognize in the provisions of Lord Naas' Bill one means of training them in habits of business and principles of justice. Yet the interest of the insane ought not to be too rashly imperiled, which, according to the best advice we have received, this bill, in some of its provisions, threatens to do; especially in those which change the appointment and the tenure of office of the Resident Physicians from the Executive to the Visitors.

These reflections bring us through the first 37 Sections of the Bill, which relate to the appointment of Committees of Visitors by the Grand Juries, and their powers to erect asylums, &c. The government of asylums commences with the 38th Section, which provides that the Lord Lieutenant may frame rules for the duties of officers of asylums and the proceedings of Visitors, and annex penalties for the breach thereof. It is to be hoped that this only means general rules, for the use of all asylums, and that a wide margin will be left for bye-laws and regulations, applicable to particular institutions, which should be drawn up by the Visitors themselves, under the advice of their Medical Superintendent.

The 39th clause provides for the appointment of a Medical Superintendent, who shall be a Physician and Surgeon, and *shall be responsible for the treatment of the patients.* This definite and entire responsibility would make it impossible to discover a field for the duties of the Visiting Physician, whose appointment is provided for by the 43rd Section, if Dr. Corrigan's state paper did not curiously throw light upon the matter. From this we learn that the duties of the Visiting Physician are to watch over the practice of the Resident Physician, in order that he may thereby be prevented from exercising *cruelty* towards his patients. The

communications we have received from Ireland on the subject of Dr. Corrigan's unwarrantable attack on Medical Superintendents, have been very animated in their expressions of offended personal and professional feeling. We trust, however, that our Irish brethren will be prepared to do something more than write private letters on the subject, for if they submit to the appointment of Visiting Physicians after Dr. Corrigan's commentary on the need and motive of such appointments, they will deserve little sympathy in any future indignities which may be offered them. Dr. Corrigan's opinion is succinctly conveyed in the following terms : "If there be not a Visiting Physician, whose office it would be to see all cases of illness, accident, injury, pregnancy, and childbirth, as well as all cases subjected to seclusion or restraint, there can, in my opinion, be no sufficient safeguard against cruelty, illtreatment, neglect, or even immorality." Not content with this, he adds professional depreciation, for he argues that the Resident Physicians of asylums are incompetent to treat cases of mixed mental and bodily disease. He says "no one would consider for himself or for one of his family, the professional opinion of the Resident Physician of an asylum, as of equal value with that of the practising Physician or Surgeon outside." If our Irish brethren have one spark of pride or of public spirit, they will not rest until they have cleared themselves from these personal and professional aspersions. We have only to say, that in this country Visiting Physicians have utterly failed to fulfil the detective and preventive duties which Dr. Corrigan assigns to them. The atrocities of the York hospital were perpetrated, notwithstanding a staff of Visiting Physicians ; and the same occurred with the more recent irregularities of Bethlem ; and the only case of downright cruelty which the Irish Commissioners discovered, that at the Armagh asylum quoted at the 232nd page of our last number, was not only not prevented by the Visiting Physician, but was even defended by him. The question may lie in a nutshell. If Dr. Corrigan thinks that the Resident Physicians of Irish asylums are themselves capable of inflicting cruel treatment on their patients, of course he is justified in recommending that they should be well watched. But if he contemplates the cruelties of attendants only, the possibility of which we admit, we answer that he is the weakest man alive, if he really supposes that these can be prevented by a feeble and divided asylum government better than by a strong and single one. Lax discipline and divided responsibility are the real occasions

of cruelty and neglect; strict discipline and undivided responsibility are the real remedies. The principle of setting one officer, merely to look after another, does not answer. It results in a diffusion of responsibility, which allows the neck to be slipped out of the collar of duty. So much for Dr. Corrigan's argument; as for the spirit which winged it, we leave that to his compatriots.

Section 40 provides that no Medical Superintendent shall practise except in respect of persons under his official care, "or by the directions of the Visitors, in respect of lunatics, or supposed lunatics." It would be well to omit the words "by the directions of the Visitors"; for although it may be quite right to prevent an officer, having such important duties, from engaging in general practice, it would be absurdly stringent to prevent the only man in a county who may have any efficient knowledge of lunacy, from giving the benefit of his science in a case of insanity. Such a rule would deprive the public of a great boon; it would also tend to deprive asylums of their best officers, for a physician who had justly earned a high reputation in the treatment of lunacy, would scarcely consent to retain an office which stringently restricted the exercise of his skill to the pauper insane. Moreover, if any faith can be placed in Dr. Corrigan's opinions, a little outside practice is quite needful to prevent an asylum physician from becoming rusty in professional skill and science, and incompetent to treat even paupers.

The 45th Section provides for the appointment and maintenance of a Resident Matron, and of such other officers as the Visitors may think fit. The compulsory appointment of Matrons is injudicious and inexplicable, since the English Commissioners have expressed in one of their reports a decided opinion that the duties of Matron ought to be divided between a Housekeeper and a Head Female Attendant; an opinion in which we fully concur. It would almost appear as if all the personal interests of asylums had been to Lord Naas, except that of the Medical Superintendents, urging him to secure them in his bill. One thing is clear, that unless the bill is greatly modified the Irish asylums will be clogged with a staff of officers far too numerous and independent of the Chief, to work unanimously or efficiently.

The 52nd Sec. provides that, "any Visitor may at any time that he may see fit, whether in the day or night, visit the asylum of his district." It has given rise to much apprehension among Irish Superintendents, without sufficient ground as we think: for although Dr. Corrigan's diploma'd spy would be a

standing offence to their professional honour, there cannot be a doubt that the widest liberty of visitation should be guaranteed to the proper official persons. No one but a madman would attempt to make his way into a lunatic asylum by night, unless he had good cause to know that he had business there; that there was something to be seen at that time which he ought to see. If any Visitor ever made such a visit without reason, the best way would be to let him in and keep him.

The 103rd section provides liberal superannuation allowance for asylum officers, viz., two-thirds of salary and allowances after fifteen years' service, and full salary and allowances for service of above twenty years. It, however, makes the claim dependent upon infirmity of mind or body. An arrangement which would provide an indefeasible claim for length of service alone, would be far more just. Why should an asylum officer suffer in his pocket because he has led a temperate and healthy life, while another who has acquired a gin drinker's liver perhaps, should be expensively placed on the official shelf? As it stands, this clause would operate to shelve useless men only, and to make the willing horse die in harness.

The 69th Section provides for the admission into the pauper asylums of "*any lunatic not being a poor person*, but one for whom payment is proposed to be made," the relatives entering into specified undertakings for the expenses. If this section be to any extent acted upon, we fear it will tend greatly to subvert the discipline of the Irish Asylums. The powers of admission are, it is true, merely permissive to the Visitors: and the patients so admitted are to be treated in all respects as if they were paupers. But the section, if it be allowed to stand, will be regarded, and justly so, as an authority for the admission of such patients, and where asylum accommodation is available it will be acted upon. We can state from our own personal experience, that the admission of patients "*who are not poor persons*" into the wards of a pauper asylum, is injurious to the discipline of the establishment and prejudicial to the interests of its proper inmates. The regulation that such patients are to be treated in all respects as if they were paupers, cannot be carried out, and the infraction of it is the fruitful source of envy and strife. If it be desired that "*lunatics who are not poor persons*" should receive the benefit of the science and skill of the Medical Officers of Asylums, why not allow the Resident Physicians to attend them at their own homes or

in private asylums near to the public ones, for which funds would be readily forthcoming? To thrust "lunatics who are not poor persons" under the treatment of Asylum Physicians, without their permission or remuneration, is a cool piece of injustice. To mix them with lunatic paupers, with the knowledge that they will interfere with the successful treatment of the latter, would be a most unwise abandonment of the main principle, which ought to dictate every clause of this bill, namely the welfare of the lunatic poor.

The 108th, being the last clause, provides that the Inspectors shall frame all the forms required by the Act. The forms of an Act of this kind are more important than most of its clauses, and it would surely have been better to have required the Inspectors to frame them before the Act is past, so as to have them embodied therein.

J. C. B.

*Association of Medical Officers of Asylums and Hospitals
for the Insane.*

Report of the Committee appointed at the Special General Meeting, held at the Great Western Hotel, Paddington, on Saturday the 28th of February, 1859, to consider the Bills brought in by the Government for the Amendment of the Laws relating to the Care and Treatment of the Insane confined in Public and Private Asylums, and to make suggestions for a revision of the Laws of Lunacy.

The committee have to report that in pursuance of their instructions they have carefully considered all the provisions of the existing laws relating to public and private asylums, those statutes being the 8 & 9 Vict., c. 100, the 16 & 17 Vict., c. 96, the 16 & 17 Vict., c. 97, and the 18 & 19 Vict., c. 105, and also the alterations proposed by the Lunatics (Care and Treatment) Bill, and the Lunatic Asylums Bill. They have been assisted in their labours by many valuable communications from members of the Association, all of which have received full consideration.

With respect to the Lunatics (Care and Treatment) Bill, the committee are unanimous in condemning its principal provisions, and they confidently expect the concurrence of the Association. The following are their resolutions upon this bill.

I. That the contemplated appointment of Medical Examiners, under the Bill, is highly objectionable, inasmuch as they would probably in most cases be gentlemen imperfectly acquainted with insanity; that their visits would cause much disturbance to the patients, and would consequently have an injurious effect upon them; and that the proposed system of secret reports is one in every respect to be condemned.

II. That the time allowed in clause 10 for sending notices of admissions and copies of orders and certificates is unnecessarily restricted, and would be of no advantage to the patient.

III. That clause 15, depriving Medical Practitioners, being wholly or partly proprietors of any licensed house, of the power of certifying to the existence of insanity with a view to the reception of a patient in any other licensed house, is objectionable, inasmuch as it would most unnecessarily prohibit a very competent class of men from signing certificates, and would thereby inflict an injury not only on them, but also to a greater extent upon the public.

IV. That clause 26 is objectionable, as making it compulsory on the part of the proprietor of a licensed house to submit a full statement of his private affairs to the inspection and consideration of the Commissioners; instead of which if the Commissioner should in any particular case have reason to believe that a patient has not sufficient allowed him, or entertain any doubt as to the proper appropriation of his income, or of the sum of money paid for his care and treatment, the committee would suggest that they should have the power of ascertaining the amount paid to the proprietor for such patient.

The Committee have further resolved to recommend to the Association the following points, as desirable alterations to be made in the laws relating to private asylums.

V. That the visitation of licensed houses throughout the country should be uniform, and by the Commissioners; and not, as at present. divided between the Commissioners and the local justices.

VI. That the number of the paid Commissioners should be increased.

VII. That the powers of the Commissioners should be more distinctly defined, and that an appeal should be provided for those who feel themselves aggrieved by their decisions.

VIII. That in all cases in which new licenses shall be

granted, the name of a medical man should be inserted as co-licensee, who should be made jointly responsible for the management of the house, and the treatment of the patients.

IX. That the time during which the certificates in the case of an escaped patient remain in force should be extended.

X. That patients should be admissible into any licensed house upon their own notice in writing to the Commissioners, without any order or certificates; and that such notice should hold good for one month, and be from time to time renewable at the discretion of the Commissioners.

In addition to the above recommendations, the Committee have to suggest that the Association should take into consideration the question whether the provision that no person shall be a Commissioner who, within one year next preceding his appointment, has been directly or indirectly interested in any licensed house, or in the profits of such reception, should or should not be repealed.

In the event of the Association considering this proposal, the Committee would ask them to consider whether the following provisions might obviate the objections which exist to such an alteration.

XI. That in the event of any person having any interest in a licensed house being appointed a Commissioner, he should, within three months of his appointment, state on oath that his interest, direct or indirect, had ceased, and that in the interval he should not visit the house in question, or vote in any matter connected with it.

With respect to the laws relating to public asylums, the Committee have very few suggestions to make. They would recommend to the Association the adoption of the following resolution:

XII. That provision should be made for restricting the power given to the visitors to remove the officers of an asylum: and that, as regards the Medical Superintendent, as chief officer of the asylum, an appeal should lie to the Secretary of State for the Home Department.

The Committee have no objections to make to the Lunatic Asylums Bill, the provisions of which they consider to be desirable alterations in the existing laws on the subject.

The Committee have not thought it desirable to enter upon the subject of inquisitions in lunacy, nor to take into consideration the Lunacy Regulation Act, (16 & 17 Vict., c. 70). Notice has been given in the House of Commons by the Solicitor General of his intention to introduce a Bill to

amend this Act. None of the provisions of this proposed Bill have as yet transpired ; and the subject is, perhaps, more for the consideration of the legal than of the medical profession.

Several letters from Irish members of the association have been laid before the committee, stating objections to the alterations in the law which are contained in the Lunatic Poor (Ireland) Bill. While the committee regret the dissatisfaction which appears to have been caused to these members by the Bill in question, they do not feel themselves competent to deal with this subject. They therefore recommend that the association should appoint a committee consisting of those members of their body who are resident in Ireland, which committee should be authorised to consider the laws for the regulation of asylums in that country, and the proposed Bill upon the subject ; and to report thereon to the association. The Select Committee of the House of Commons now sitting will only deal with the subject of lunacy and lunatic asylums in England and Wales ; but another Select Committee is to be appointed to consider the Irish Bill.

In the event of the members of the association agreeing with the committee in the propriety of supporting any or all of the above suggestions for amendments in the existing laws, and in the objections to the new bills (which have been arranged under the above twelve distinct heads in order that they may be considered separately, and either adopted or rejected by the General Meeting on the 26th inst.), it will be for them to determine upon the course of action to be adopted in order to enforce their views upon the attention of the legislature.

Several courses are open for the attainment of this end ; those which suggest themselves to the committee are as follows :

I. That a deputation from the association should request an interview with the Secretary of State for the Home Department, and should endeavour to obtain his support to their views.

II. That a memorial, embodying the matters which the association desire to support, should be addressed to the Secretary of State for the Home Department ; such memorial to be signed by as many as possible of the members of the association.

III. That a petition shall be presented to the House of Commons, praying for such amendments in the laws as are

desired by the association, and against the objectionable provisions of the new Bills.

IV. That an entirely new Bill or Bills should be prepared, containing the alterations which are desired by the association, and that some member of the House of Commons should be induced to introduce such Bill or Bills, and to endeavour to have them referred to the Select Committee now sitting.

V. That a deputation of the Association should be elected to offer to give evidence before the Select Committee of the House of Commons, and to represent there the views of the Association.

VI. That the Association should apply to the House of Commons for leave to be heard by their counsel, before the Select Committee.

Of the above courses, the first and fifth appear to the Committee to be the most desirable. They therefore recommend that the Association should apply to the Secretary of State for the Home Department, requesting him to receive a deputation from their body; such deputation to be named at the General Meeting on the 26th inst., in order that they may be in readiness to act immediately upon receiving the Secretary of State's assent.

It will be remembered, that, by the terms of the resolutions passed at the General Meeting, on the 28th of February, the Committee might themselves have submitted to the Government their suggestions for a revision of the law of lunacy; but they have not thought it advisable to do so until they should be assured that the Association as a body concurs with them as to the suggestions which should be made.

The Committee desire, in conclusion, to acknowledge their sense of the value of the services of their Honorary Secretary, EDWARD T. CONOLLY, Esq., Barrister-at-Law, who has so liberally placed his valuable time at their disposal.

J. CONOLLY, M.D.,

Chairman of the Committee.

10, King's Bench Walk, Temple, London, E.C.,
19th March, 1859.

NOTE. *The following members of the Committee withdrew their names therefrom, before the above report was drawn up: Dr. Stevens, Dr. Bucknill, Dr. Hood, and Dr. Campbell.*



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VOL. V.

First Annual Report of the General Board of Commissioners in Lunacy for Scotland. Presented to both Houses of Parliament by Command of Her Majesty. Edinburgh, 1859.

The Commissioners appointed under the Scotch Lunacy Act, 1857, have just presented their first annual report to Parliament. It is a goodly thick volume, and bears ample evidence to the diligence and ability of the Scotch Lunacy Commissioners. To us, as medical men, it is peculiarly gratifying to find, that a purely Medical Commission has, with the assistance of their legal secretary, been enabled so successfully to inaugurate the working of the new Scotch Lunacy Laws. Much of this success is doubtless due to the profound knowledge and extensive practical experience of the several relations of the insane, which the appointment of the late honorary secretary for Scotland of this Association, Dr. W. A. F. Browne, secured to the Commission. We are pleased to have it in our power, from private sources of information, to add, that in his professional colleague he has found an able and zealous coadjutor, and one who has made his work and office acceptable to the Medical Superintendents of the Scotch Chartered Asylums.

An analysis of this first report of the Scotch Lunacy Commissioners will enable us to present our readers with a survey of the existing state of matters in regard to Lunacy in Scotland, and also of the further measures proposed to be carried on under the provisions of the 20th and 21st Vict., cap. 71, the Scotch Lunacy Act, 1857; the general tendency

of which may be stated to be to assimilate the position of the insane in Scotland to the existing arrangements at home.

It is just two years, since in our number for July, 1857, a review was given of the report of the Royal Commissioners appointed to inquire into the state of the Scotch Lunatic Asylums. A reference to that review will shew our readers the difficulties which the Legislature and the Scotch Board of Lunacy had to contend with, and will aid in impressing on them the great service which that board has rendered to the cause of the insane. It is really wonderful to read the report of the Royal Commission of 1857, and to compare the improved state of things shewn in the report of the Scotch Lunacy Board now before us, brought about, be it remembered, in about eighteen months.

The first result of the publication of the report of the Royal Commissioners, and of the debate on it in the House of Commons on the 29th May, 1857, was the *Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland*, which received the Royal Assent on the 25th of August, 1857.

We shall divide our observations, on the condition of the insane in Scotland, under two heads, the one including THE PRESENT CONDITION OF THE INSANE, whether confined in asylums, public or private, in poor houses, or farmed out to the peasantry; the other, THE FUTURE PROVISIONS FOR THE INSANE by the proposed division of the county into districts, for the erection of District or County Asylums.

I. THE PRESENT CONDITION OF THE INSANE IN SCOTLAND.

The total number of the insane in Scotland, on 1st January, 1858, with the exclusion of private single patients, whose number could not be accurately ascertained, was as follows:—

	Male.	Female.	Total.	Private.	Pauper.	Total.
Public Asylums, ...	1226	1154	2380	786	1594	2380
Private „ ...	330	415	745	219	526	745
Poorhouses, ..	352	487	839	6	833	839
Private Houses, ...	810	974	1784	...	1784	1784
Total,	2718	3030	5748	1011	4737	5748

a. Single Patients.—The large number of insane paupers 1,784, out of a total of 4,737, farmed out to the care of the peasantry in the counties, is a curious feature in the history of Scotch Lunacy. Taking the whole of Scotland, we find that of the total 4,737 pauper lunatics, there are :

In Asylums, ...	44·7 per cent.
In Workhouses, ...	17·5 per cent.
Farmed out, ...	37·6 per cent.

The average weekly allowance under this farming-out system is 2s. 10½d.

We shall commence our survey of the present condition of the insane in Scotland, with the condition of these single patients, private and pauper, entered in the above table, as "in private houses."

The Commissioners, in a large Appendix (I) of more than thirty pages of small type, have printed extracts from the reports on these single patients, made by the Visiting Commissioners to the Board. In Appendix I, they state, "we have added the details of a number sufficient clearly to demonstrate the extent to which lunacy exists under the most disadvantageous circumstances throughout the whole country.

"It may possibly appear that we have described an unnecessarily large number of cases, but we consider it of great importance that the extent and magnitude of the evil should clearly appear.

"The reports, we have only to add, were drawn up by the medical Commissioners and Deputy-Commissioners for the guidance of the Board in granting or refusing dispensation from removal to asylums, and may therefore be received as conveying an accurate representation of the condition of the patients."

The reports are arranged in two divisions embracing respectively pauper and private patients. We subjoin one or two cases in illustration.

E. H., a female, aged 56.—Dementia; long insane; speaks but little and very childishly; affects solitude; is vain and has high notions; used to gather stones and call them earls and dukes; is harmless; is ill clothed and dirty; is not in robust bodily health. Lives alone in a badly-ventilated and dirty room, situated in one of the most unhealthy parts of P. Her bed is dirty and uncomfortable. Allowance 2s. weekly. She pays no rent, and has a supply of clothing, fire, &c., occasionally. She should be removed from her present residence, and be boarded with some proper person.

I cannot advise the Board of Lunacy to sanction the residence of any one for whose safety and comfort they are responsible in such a locality. Moreover, I do not consider it right that she should live alone.

M. M'L., a female, aged 32.—Dementia; four years insane; sleeping in the open air while herding being the assigned cause;

came in one day and asserted the house was on fire, and became much excited; now mutters incoherently; refuses to answer; is dumpish, and not easily managed; is *said* never to be under restraint; does not wet the bed. Is not in robust bodily health, and said never to have menstruated. I cannot convey any idea of the filth and rags in which I found this woman, crouching by a peat fire in the centre of a bare, dirty room. With the exception of a piece of old bag, put on shawl ways, she was quite naked above the waist. She had neither shift nor gown, nor shoes nor stockings, and her petticoats were nothing but a fringe of tattered aprons. She has no bed and no bed clothing. She is covered with vermin. Lives with her sister and mother. The former is a passionate, loud-speaking, unprepossessing woman, and the mother not less disagreeable. They are people wholly unfit for such a charge.

A. K., a female, aged 25.—A congenital idiot; described as being childish. When visited, she was in an uncle's house, occupied by the uncle, his wife, and one infant. She was in the back-room, which had no fire-place; she was ill, very emaciated, and apparently not likely to live long. Her bed consisted of a little hay spread upon the cold, very wet, clay floor, which was likewise very dirty. Her blankets were sufficient, and she had a pillow, with a clean linen cover. She had on a good night dress. She takes no food, except a little milk, which is frequently rejected by the stomach. She was visited on 13th July, and the parochial surgeon had not seen her since April. Her allowance has been for seven or eight years past sixpence a week. She had only been in her uncle's house a fortnight. She usually resides with her mother, whose cottage is close by; it is divided into two portions; one being used as a cow-byre, with three cows and a calf in it, the other portion being used as the dwelling-house, in which live the mother, the idiot girl, grandmother, a grandaunt, an uncle, his wife, and three young children. The girl was said to have slept with the grandaunt, on a mattress on the floor. This mattress was thrown away a fortnight ago, being useless. The grand-aunt is a pauper, receiving ninepence a week. This girl is declining in strength, and requires much more attention, both from the parochial surgeon and the inspector of poor, than she seems ever to have received.

This patient was visited on 13th July, 1858, and died on 26th July, 1858.

S. N., a female, aged 53.—Lunatic; lives alone in a miserable cottage in the centre of W., approached through a garden, the gate of which is kept always locked. Passage was obtained with difficulty, but still more difficulty was encountered in getting the door of the house opened. The lunatic occupies one small room, hardly more than six feet in breadth; a few dirty rags on the floor were all the bed and bedding. About eight cats were in this room, along with a dangerous dog, and the smell was most offensive; the place dirty and squalid; windows broken. The

lunatic is allowed 5s. a week, of which 1s. is deducted and paid to a woman, who lives near, as her wages for attending her. This woman admits that she had never been inside the house. The neighbours all seem afraid of S. She was reported by the constable, and not by the inspector, although well known to him. She is quite unfit to be left as she now is.

A. R., a male, aged 57.—Congenital, does nothing. With a brother and sister in a wretched house. Dress, a kilt and great-coat; both dirty. Sleeps in an open barn at one end of the house; no glass in the window frame, which is at the foot of his bed; roof full of holes, and rain comes in. The gable end of the barn is quite open. Straw for a bed and one thin dirty blanket. His sister sleeps in the same bed with him; says she does so as he would not keep the bed-clothes on if alone. The sister is very dirty. Allowance, 11s. 6d. a month. His sister gets 3s. 6d. a month. His brother supports himself.

We might enlarge these extracts to the full extent of our allotted space. It is, indeed, mournful to think that cases like these should abound in a land resounding with the highest professions of Christianity; with Kirk and Free Kirk next door to each other in almost every parish, and rival ministers stirring up in each domestic circle, strife and discord on their patronage and anti-patronage and such-like squabbles, with which, for the last dozen years, they have rent the land, and frittered away in the maintenance of noisy opposition ministers, incredible sums, forced chiefly, we fear, from the hard earned gains of the poor. Do these Scotch ministers deem it no part of their duty to visit the desolate and sore-stricken in their affliction?

Nor is the condition of the private single patients much better than that of the pauper, as the following extracts from this appendix will shew:

H. M'L., a male, aged 40.—Has been 13 or 14 years insane. Was in Inverness Infirmary. Chronic mania; has delusions; refuses to answer; has an occupied and sinister look; shows a morbid aversion to his friends. I was quite unable to make out satisfactorily the history or character of this case, having been plainly told that, as I was noting the answers given, it was thought best to be silent. I found him lying on some straw in the corner of a clay-floored room, completely furnitureless, with an unglazed window boarded up. The straw, which he wets and dirties, is scattered over the floor. He lay under a couple of blankets, and, as he raised himself on his elbow to speak to me, his uncombed hair, long beard, pale face, and haggard look, were in harmony with the surroundings, and the whole presented a picture of great

wretchedness. The room door is secured from without. At one time it was thought necessary to put irons both on his feet and hands; and these, it is said, are still in the house, but never now used. They were not produced. He very seldom leaves his room. At first he spoke freely to me; but, becoming suspicious, refused to answer. He leads a miserable mania-maintaining, and not a mania-curing, existence. He lives with his brother, and is not a pauper.

M. D., a female, aged 26.—Fatuity, with (it is alleged) paroxysms of excitement, which recur about every three months, or after longer intervals. She is locked up in a large darkened room, in a back-yard, containing lumber, and of a most squalid and offensive aspect. The window is large, but unglazed, being boarded outside. There is a fireplace, but no fire is ever allowed; the room, it is affirmed, being sufficiently heated by its proximity to an oven. The patient lies almost constantly seminude, in a box-bed containing loose straw, broken, and in a state of decay; partially covered with some old and very dirty blankets and a coverlet. Her legs are contracted, and she walks with difficulty, but is said to be violent and destructive. Is of dirty habits. Is washed twice a week in a tub, which at other times is used to collect the urine under the bed. She has not been out of this apartment since New Year's Day, and has occasionally been confined for six months at a time. Has sisters, but is attended by her father. No personal restraint used, but is said to have been unmanageable by a female attendant, whose services were resorted to. Was formerly in an asylum. Condition most shocking and humiliating. Not a pauper. Family appear to be prosperous. Case has been under the consideration of the parochial board, who, as far as could be learned, awaited the interference of the Board of Lunacy.

R. M., a male aged 38.—Has been 14 years insane; melancholic; subject to periodical attacks of excitement; is then very violent, and would wander; sleeps usually in the house, but when under excitement is placed in a small room, built for the purpose—clay-floored, fireless, cold, and comfortless. Two chains are attached to two large stones sunk in the ground, and through loops at the end of these his arms are passed; his hands are then bound together by rude iron wristlets; a little straw is then thrown on the ground, and he is left thus for ten or fourteen days at a time. When so secured, he is able to sit, but not stand; he was last under this restraint about seven weeks ago.

He is a sickly pale lad, but very well-dressed and clean. He lives with his father, a small farmer. I have no reason to think that any cruelty is intended. What is done is supposed to be for his good and safety.

These single private patients are apparently all more of

less bordering on pauperism, and are one and all fit cases for reception into the new District Asylums when erected.

In reading through this mass of misery, we can only again repeat our sense of the unwearied energy and determination of the Scotch Commissioners, who, in so limited a space of time, have contrived so thoroughly to sift out the dark recesses of Scotch lunatic life.

The following report by the Visiting Commissioners of two private patients, removed under section 43 of the Lunacy Act to an asylum on account of improper treatment, may fairly complete this picture :

M. D., aged 25 ; M. D., aged 34.—These two lunatics live with their parents in F.

In the corner of a low roofed, dark, clay-floored room, a sort of cage or stall, about eight feet long and five feet wide, has been rudely constructed of boards, laid close together at the end, but in front with intervals or in bars ; and this for seven years has been the place of confinement of the younger of the sisters. So dark is the room, that I found it impossible to discover, by looking between the bars, where she was lying. In order more accurately to ascertain her condition, I procured a candle, had the trebly-secured door opened, and entered the cage. I found her huddled up in a corner on some loose straw, in a state of all but nudity, under an old, coarse, filthy, and scanty coverlet, begrimed with filth and covered with vermin. She passes her urine and fæces where she lies. The litter, impregnated with these evacuations, can be but rarely changed. My feet sank in it, as I moved about, as on a wet farm-yard dunghill. The stench was offensive and sickening, and, at each step I took, imprisoned volumes seemed to be set free from the damp straw. The floor of the cage is of clay, and uneven. As I bent over her and spoke to her, she became violent and attempted to strike, but refused to speak.

The room is dark, dirty, and disorderly in the extreme. Its one bed—a box one—for father, mother and the other lunatic daughter, is in a state of absolute beastliness. The father was in keeping with all the surroundings—unshaven and unwashed for weeks—in filth—stiffened clothes, haggard, sottish. The whole picture, in short, is an intensification of filth, inhumanity, and demoralization that defies description.

The other daughter, M., I did not see, though I made every effort to find her. She wanders about in the woods in the coldest weather, half naked, and flies from all who approach. She is said to have been an industrious girl—a milliner—and to have been always well behaved. She became insane some three years ago, and her parents sent her for three months to the Perth Asylum.

The girl in the cage has been insane for fifteen years, but for a long time was not violent. I had heard that she was fond of

sweets, and by dint of a liberal supply of candy at my first visit, repeated at my second, I got her to look up and speak to me, and I learned that he had, in the interval between my visits, been telling her father that she wished to dress and go away with me. I mention this to show that she is by no means beyond the influence of kind treatment.

I understand that, two years and a half ago, the parochial board wished to remove both sisters to an asylum. At first the parents seemed to agree, but then refused, and have ever since done so, lest their property should pass out of their hands. This property is now worth little or nothing. It was originally worth between £1000 and £2000, but drunkenness, vice, and mismanagement, together with the burden which the condition of the daughters involves, directly and indirectly, have united in consuming it. They will all four, inevitably, soon be paupers.

The mother, whom I did not see, as she was absent from home, is said to be a violent woman, coarse and intemperate.

I am told that the Procurator-Fiscal was lately denied admission into the house, and that the Superintendent of Constabulary was grossly abused when he called on some late occasion.

On the application of the Board, the Sheriff granted his order for the removal of the patients, and they were placed in Garngad Asylum on the 4th August, 1858. On the 19th November the house was visited by one of the Commissioners, when M. D. was found "engaged in sewing, calm, talkative, and cheerful; and her sister M., so long confined in the cage at F., calm, plump, and, according to the Superintendent, perfectly tractable."

This method, apparently so popular in Scotland, of providing for the care of the insane, has, like most other abuses, the prestige of ancient usage to support it. Thus in Robert Chambers' recent interesting work, *Domestic Annals of Scotland from the Reformation to the Revolution*, we find the following recorded :

"1681. April 8. A case before the Privy Council reveals the treatment of the insane in this age. It was a complaint from Mr. Alexander Burton, against his brother John, for putting him into Hopkirk, the surgeon's hands, as a madman. It was alleged on John Burton's part, that Alexander was really melancholic and furious; so required restraint; also that he was misusing and dilapidating his fortune; here a bill had been applied for, to put his affairs under curators. Alexander assured 'that he had only craved his annual rents, and to refuse him his own and treat him as a fool, would raise pepper and passion in any man's nose; and then they termed the acts fury.' To settle the matter the Duke of York, who was present, desired that the alleged fool might be permitted to speak; whereupon he delivered himself so extrava-

gantly, that the Council found it only right he should be put under restraint, and his affairs placed in charge of his brother. Fountain-hall adds: "in Scotland we having no Bedlam, commit the better sort of mad-people, to the care and taming of surgeons, and the inferior to the scourge or the poor." Vol. ii. p. 424.

b. Lunatics in Workhouses.—We pass now to the condition of the insane poor of Scotland, detained in the lunatic wards of the union houses.

The English Commissioners in Lunacy conclude their twelfth annual report (March, 1858,) with the following observation relating to the insane in union workhouses. "During the past year (they say) much of our time and attention has been occupied in visiting the different workhouses in England and Wales, and inquiring into the condition and treatment of their insane and weak-minded inmates. We hoped to have been able to introduce into the body of this report the results of our inquiry, but the subject requires greater consideration and a larger amount of space than can at present be given to it; and we propose to submit to your Lordship, therefore, in the form of a supplement, such observations as we have to offer on the existing condition of insane paupers detained in workhouses." This supplement has not yet reached us.*

The Scotch Commissioners have, in this their first annual report, taken this important branch of their subject into their consideration, and in Appendix L have furnished some extracts from the entries made by them at their visits to the several union houses.

Previous to the passing of the Scotch Lunacy Act, 1857, the jurisdiction in regard to the "insane or fatuous poor," was exercised under the new Scotch Poor Law of 1845, by the Board of Supervision for the relief of the Poor in Scotland; a board with similar jurisdiction to the English Poor-Law Commissioners. In their thirteenth annual report† (August, 1858,) a sketch is given of the steps taken by the board during the eight years that the insane poor of Scotland were under their supervision, in order "to supply the only accommodation they had it in their power to offer (the chartered asylums being full) in the lunatic wards of the several union houses, and thus to combat that favorite scheme of the

* Since the above has been sent to press, this Supplement has been published.

† Thirteenth annual report of the Board of Supervision for the relief of the Poor in Scotland. Presented to both Houses of Parliament by command of Her Majesty. Edinburgh, 1858.

thrifty Scotch parochial authorities of farming out their insane or fatuous poor, who had become chargeable from the date of the first scheme received by this board, to the day when the supervision of that class of poor was transferred to the general Board of Commissioners in Lunacy. During the whole of that time we had been left without any legislative assistance to contend with an acknowledged deficiency of accommodation, accompanied by a progressive increase in the number of insane or fatuous poor, yet we succeeded with the aid of the parochial boards in preventing any increase of the number residing in private dwellings, which was somewhat less on the 1st of January, 1858, than it had been on the 20th of July, 1846."

After the appointment of the Scottish Board of Commissioners in January, some difference of opinion arose between the two boards as to the jurisdiction possessed by the Lunacy Commissioners over the insane paupers to the peasantry, at the average cost of 2s. 10½d. a week. The following extract from this report of the Scotch Board of Supervision for the relief of the poor, will shew how diligently they exercised their limited powers for the removal of the insane poor from the bondage of the farming-out system of the Scotch parochial authorities.

"We have stated that the total number of insane and fatuous paupers returned as chargeable on the 20th of July, 1846, was 3,023, of whom 1,402 were in public or private asylums or poor-houses, and 1,621 residing with relations or other persons. The total number returned as chargeable on the 1st of January, 1858, was 4,475, of whom 2,864 were in asylums or poor-houses, and 1,611 residing with relations or other persons. The increase in the total number returned was thus 1,452, and the increase of the number in asylums or poor-houses 1,462. The number placed in those establishments had therefore more than doubled, and somewhat exceeded the total increase in the poor in the union-houses. The matter was brought to the notice of the legal advisers of the Crown; and the difficulty was removed by the Act of the last Session of Parliament, which authorized the Lunacy Board to licence for the reception of lunatics, and for a limited time (until the new district asylums are erected) certain detached or separate portions of the union-houses."

The Commissioners are very explicit in their declaration, that they only view this licensing of wards in the union-houses as a temporary arrangement. Viewed in this light, the rules laid down by the board, as printed in appendix K

to this report, are most excellent. When it is remembered that the plan of using the union-houses as permanent places of detention for certain classes of the insane poor, is one much favoured by the English Poor-Law Board, and extensively practised by the local officers and administrators of the poor-law, the steady and uniform protest of the Scotch Commissioners against a principle (which we hold to be *most* vicious) is worthy of being here placed on record.

“ From the preamble of the amendment act, (they observe,) it seems to us clear as we have already stated in our remarks on the Forfarshire District, that the licensing of the lunatic wards of poorhouses is regarded by the Legislature as a mere temporary expedient to provide accommodation until the district asylums are erected. The precise words of the Statute are as follows:—‘ And whereas it is expedient that ‘ provision should be made for the custody of such pauper ‘ lunatics, till such district asylums shall be ready for their ‘ reception, be it therefore enacted,’ &c. We desire particularly to direct attention to the fact, that the Legislature draws no distinction between the different classes of lunatics ; and does not, in the remotest manner, countenance the view that poorhouses are to be considered, and licensed, as proper places for the reception of incurable or harmless lunatics. The only reason assigned for conferring on the Lunacy Board the power to license these wards at all, is, that they may be available for the reception of patients until the district asylums are erected. Accordingly, we are clearly of opinion that we should be departing from the course traced out to us, were we to license any poorhouse, in a district in which there was already sufficient asylum accommodation ; and it was on this account that we refused to grant a license to the poorhouse of Dundee, on the application of the parochial board of that parish. But, apart altogether from the instructions conveyed or implied by the preamble of the Amendment Act, we entertain the firmly-rooted conviction, founded on our experience of the nature and management of the lunatic wards of poorhouses which we have seen in operation, that the extension of this form of accommodation for the insane poor is very far from being desirable ; and it was therefore with great unwillingness, that, yielding to the pressure for accommodation, we granted our license to poorhouses, even in those districts in which the necessities of the public imperatively demanded the concession. At the same time, we must explicitly declare, that we are very far from holding the view that all our insane poor should be placed in asylums, if these establishments are

all to be included under one category, and conducted in the manner that has hitherto prevailed. On the contrary, we admit that it may be expedient to provide different kinds of accomodation for patients affected with different forms of insanity, and we have advocated this view, in various preceding parts of this Report. *We are, however, most decidedly of opinion, that it is not desirable that any class of the insane poor should be placed in establishments under the immediate jurisdiction of parochial boards.*

“The Legislature, it appears to us, has devolved upon the District Boards the entire care and treatment of all the insane poor of their district, and we are unable to discover any provision for the limitation of this duty to the violent, the intractable, and the obscene ; or for its non-extension to the harmless and the helpless.”

The jurisdiction thus exercised by the Scotch Commissioners over the insane poor in the union-houses, contrasts most favourably with the limited power of visitation and appeal to the poor-law board, by which the English Commissioners are hampered and withstood in their dealings with the insane poor detained in union-houses. This view of the case was prominently brought to the notice of Mr. Walpole’s Parliamentary Committee in March by Mr. Gaskell.

The entire question of the detention of the insane poor under any circumstances in the union-houses is a very important one, and the solving of it is the next step which has to be taken in the development of all our urgent Lunacy Legislation. The insane poor have, by the erection of our County Asylums been placed in a position of comfort and protection, which many an insane gentleman might envy ; they have ceased to be the object of lay speculation in lunacy and suffering, and become the subject of the most advanced curative treatment of lunacy to be found in Europe. It remains only to complete this machinery, by severing once for all the jurisdiction of the Poor-Law Board over the insane of every description, and transferring the entire responsibility and care of the insane poor to the Committees of Visitors of the several County Asylums.

Dr. Bucknill, in a letter which he recently addressed to the Chairman of the Committee of Visitors of the Devon Asylum, thus broadly advocates this opinion :—

“I propose, he says to remedy these evils by removing from boards of Guardians all authority and control over lunatic paupers, by giving to committees of justices the power to visit union houses,

and to order the removal of any lunatics found therein, and the power to order and direct the medical visitation and pecuniary relief of lunatic paupers at their own homes, or wherever else they may think expedient that it should be administered. I would recommend that the admission of pauper lunatics into asylums should be simplified and facilitated; and that justices should be empowered to purchase, rent, or construct such buildings as they may think fit, for the purpose of establishing asylums auxiliary to the county asylum, in which incurable and tranquil patients may receive proper care and treatment, at a lower cost than that incurred in the principal establishment.

I believe that the adoption of these recommendations will, in the end, economise the expenditure of parochial rates, by preventing the accumulation of cases of chronic insanity in large asylums, constructed and conducted at great cost.

The Scotch Commissioners in Lunacy (as indeed do all persons practically conversant with the management of the insane poor) entirely concur in the opinions we have here advanced of the great importance of placing the insane poor of all descriptions, whether the fatuous, the violent, or the so-called harmless, under one and the same jurisdiction and guardianship; and of removing them entirely from the control of the Poor-Law Board, and its appliances and principles of action, all of which, though possibly adapted to deal with the wise distinction of the infirm and deserving, and of the malingering able-bodied poor, are as totally inapplicable to the remedial or curative treatment of mental disease, as of persons suffering from pneumonia or compound fracture. Insanity is a bodily disease, not a social condition; and the method by which its treatment is to be regulated, must be that applicable to other maladies, viz., hospitals and their allied sanatoriums, not union houses, gaols, or other appliances applicable alone to social disorder, as poverty and crime.

Moreover, though this by the way, the success of the Poor-Law Commissioners with their proper clients the sane poor, is not of that encouraging nature to make us hesitate in withdrawing from the influence of their dull routine treatment, the insane poor of every description. The following is the view of the present Poor-Law Board, entertained by one of our ablest writers on Political Economy.

“Such,” says Mr. McCulloch,* “are some of the contradictions that appear involved in the amended poor law, and of the mischievous consequences of which it has been, and will most likely

* The Principles of Political Economy, 4th edition, p. 472.

continue to be, productive. It would be inconsistent with the plan and objects of this work, to subject it to a more lengthened examination. We do not presume to cast its horoscope to conjecture how long it is destined to be the law of the land, or to measure the degree of vigour with which its provisions may be enforced; but we have seen that it is opposed to all sound doctrine; that it makes that a public and national, which is essentially a private and local affair; and that it is an uncalled for interference with the rights and duties of individuals. Should it be permitted to run its full course, without some material modification, the presumption is, that in the end it will be found to be as expensive and disastrous in its results, as it is vicious in its principles and audacious in its pretensions."

An opinion is current that the insane may readily be classified under the divisions of those who are curable or dangerous to themselves or others, and those who are incurable or harmless; and it is argued that the former class should alone be placed in the County Asylums, it being assumed that the latter may either be handed over to the care of their relatives or return to the wards of the union house. No opinion could be farther from the truth, or fraught with more injury to the lunatic and danger to the community at large in its general application. With the varied appliances of the rich man's establishment, and the attendance of a skilled servant, many cases of insanity might, doubtless, be removed from the private asylum, and cared for by relatives at home; many more than the pride and indifference of the relatives of the insane allow to be so treated. But in the crowded cottage, and with the narrow means of the labouring poor, without attendance and without control, the plan assumes a very different aspect, and is practically found on trial to fail. Want of occupation, visitation, and injudicious or ignorant attempts at control, soon cause a violent outbreak of anger; the relieving officer is appealed to, and the patient returns to the asylum with long explanations of how badly he had been used at home, and with all the moral training necessary to control his morbid impulse, to be gone over anew. The removal of so-called harmless lunatics to the union houses is generally as great a failure, and is followed by the same result. In the thirteenth annual report of the Devon Lunatic Asylum, 1858, Dr. Bucknill in reply to a request of the Sessions for a list of his patients "incapable of being cured and harmless to themselves or others" states:—

"In the Report of this Asylum for the year 1849, I made the following remarks upon so-called harmless lunatics:—

I beg here to make a few remarks on the question as to,

whether it is desirable to discharge incurable, and as they are called, harmless patients, or in the words of the statute, those 'not dangerous to themselves or others.' This term, I believe to be inapplicable to any insane person who is not helpless from bodily infirmity or total loss of mind: it can only with propriety be used as a relative term, meaning that the patient is not so dangerous as others are, or that he is not known to be refractory or suicidal. It should not be forgotten that the great majority of homicides and suicides, committed by insane persons, have been committed by those who had previously been considered harmless; and this is readily explained by the fact, that those known to be dangerous or suicidal are usually guarded in such a manner as to prevent the indulgence of their propensities, whilst the so-called harmless lunatic or idiot has often been left without the care which all lunatics require, until some mental change has taken place, or some unusual source of irritation has been experienced, causing a sudden and lamentable event. In an asylum such patients may truly be described as not dangerous to themselves, or others, because they are constantly seen by medical men experienced in observing the first symptoms of mental change or excitement, and in allaying them by appropriate remedies; they are also placed under the constant watchfulness and care of skilful attendants, and they are removed from many causes of irritation and annoyance to which they would be exposed if at large, in villages, or union houses.

"It not unfrequently happens that idiots who have lived for many years in union houses, and have always been considered harmless and docile, under the influence of some sudden excitement, commit a serious overt act, and are then sent to an asylum. One of the most placid and harmless patients in this asylum who is habitually entrusted with working tools, is a criminal lunatic, of weak intellect, who committed homicide on a boy, who teased him while he was breaking stones on the road. If this is the case with those suffering only from mental deficiency, it is evidently more likely to occur in those suffering from any form of mental disease, which is often liable to change its character, and to pass from the form of depression to one of excitement. For these reasons I am convinced that all lunatics, and many strong idiots, can only be considered as "not dangerous to themselves or others," when they are placed under that amount of superintendence and care which it has been found most desirable and economical to provide for them in centralized establishments for the purpose."

The supplement to the twelfth report of the English Commissioners in Lunacy, contains disclosures which will startle those ignorant of the state of the union-house lunatic wards.

The Scotch Commissioners record a most unfavourable

judgment of the lunatic wards of the Scotch poor-houses. They refer to the report of the Royal Commissioners for a particular description of the lunatic wards of the individual poor-houses, as being in all essentials still perfectly applicable to them in their present condition. The proper treatment of pauper lunatics in poor-houses, they assert to be rare and exceptionable. Even their physical wants are occasionally supplied in a most unsatisfactory manner, while appropriate mental and bodily treatment, embodying recreation, occupation, exercise, and all the other influences which are capable of operating beneficially upon the nervous system, are, as a general rule, almost entirely overlooked.

The argument on which the continuance of this practice is defended, is that of economy. Contrasting the expense incurred in the County Asylums, averaging 8s. to 9s. a week, with the charges in union-houses, and at first sight the argument, we admit, appears very plausible. If it were true that incurable and chronic cases of insanity, could be fairly and decently cared for in the union-houses at about one-third of the cost incurred in the County Asylum, then we should be able to understand the force of the argument, that the rate-payers, already so heavily taxed, should be relieved from this additional cost, by the transfer of such cases to the union-houses.

When, however, the financial aspect of the question is fairly sifted, it appears that even as a matter of economy, no great difference exists between the real maintenance cost in the asylum, and in the union-house.

This question has been so clearly stated by the Superintendent of the Devon Asylum in his last annual report, that we cannot better place this important question in its true light, than by quoting in full his observations thereon.

“The expenses incurred in an union house are it is well known, divided into those for maintaining the establishment which are charged upon the union at large, under the name of “averages,” and those for the maintenance of the pauper inmates which are charged upon the parishes to which these inmates belong. In asylums on the other hand, the establishment charges are added to the maintenance rate.

The population of union houses at all times comprises a large proportion of infants and children, upon whom the maintenance rate is averaged with the adults. The inmates of county asylums on the other hand are, with very few exceptions, adults.

In order, therefore, to calculate the actual cost of an adult pauper inmate of an union house, in such a manner as to com-

pare it fairly with the actual cost of the inmate of an asylum, it is necessary to consider it apart from that of infants and children, and to add to it the establishment charges. In order to ascertain the actual cost of an adult sane pauper in an union house I have obtained, through the kindness of Mr. Bidwill, Clerk to the Guardians, the following particulars relative to the house of the St. Thomas' Union in which this asylum is placed; an union, the population of which is forty-nine thousand, and which has the reputation of being one of the best managed in the kingdom. The cost of maintenance of paupers in this union house is 2s. 6d. per head per week, namely, 2s. 2d. for food and 4d. for clothing. The establishment charges are 1s. $\frac{1}{2}$ d. per head per week, making a total of 3s. 6 $\frac{1}{2}$ d. for each inmate. The total number of pauper inmates during the twelfth week of the present quarter was 246; and of these 116 were infants and children, and 130 youths above sixteen and adults. A gentleman, intimately acquainted with these accounts, some time since calculated for me that each adult pauper in the St. Thomas' Union House costs 5s. a week. Now, the the average cost of all patients in the Devon Asylum at the present time is 7s. 7d., but of this at least 2s. must be set down to the extra wages, diet, and other expenses, needful in the treatment of the sick and of violent and acute cases, leaving the net cost of chronic patients at no more than 5s. 7d. a week. Now if a sane adult pauper in an union house costs even 4s. 6d. a week, is it probable than an insane one would cost less than 5s. 7d? for either extra cost must be incurred in his care, or he must disturb the discipline of the establishment, and every such disturbance is a source of expense. If the officers of union houses were requested carefully to estimate the direct and indirect cost of lunatic inmates in these establishments, I think it highly probable they would arrive at the conclusion, that the separation of the sane from the insane is desirable on the strictest principles of economy.

The economical and moral mischief resulting from the intermixture of sane and insane paupers may, however, be averred to afford no argument against the establishment of lunatic wards in union houses, in which this intermixture would be prevented. But would a number of small asylums, under the denomination of lunatic wards, be more economical than one central asylum? The great probability is that they would not be; 1st, on account of the larger proportion of officials they would require; 2nd, on account of the derangement they would occasion to the severe economy which is required by the aim and purpose of union houses as tests of destitution. Where lunatics do exist in union houses in consequence of the want of accomodation in the county asylum, the Commissioners in Lunacy insist upon the provision of what they consider things essential to the proper care of insane persons wherever they be placed. The following are the requirements which they insisted upon as *essential* in the Liverpool

Workhouse ; a sufficient staff of responsible paid nurses and attendants ; a fixed liberal dietary sanctioned by the Medical Superintendent of the asylum ; good and warm clothing and bedding ; the rooms rendered much more cheerful and better furnished ; the flagged court yards enlarged and planted as gardens ; the patients frequently sent to walk in the country under proper care regular daily medical visitation ; the use of the official books kept according to law in asylums. If the direct cost of such essentials be computed with the indirect cost of their influence upon the proper union house arrangements, it will require no argument to prove that workhouse lunatic wards so conducted would effect no saving to the ratepayers."

The Scotch Commissioners in their report state, that "according as the wards in union houses approach the public asylums in the appropriate treatment of the patients, in at least an equal degree do they approach them in the expense at which they are conducted ; and hence the primary object of economy which led to their institution gradually disappears. Even at present, the cost of maintenance of pauper lunatics in the three poorhouses of which we have been speaking, notwithstanding the wide interval that separates them from the public asylums, is, perhaps, as high as it is in the latter establishments. In the Abbey parish poorhouse, for instance, it is estimated to amount to £22 15s. 4d. a year ; in that of the City of Glasgow to £19 10s. ; and in that of Barony to £25 10s. 3d. These sums, it is true, include an allowance for rent, but our argument would scarcely be weakened by taking it into account. We are, accordingly, of opinion, that poorhouses which receive patients suffering under all forms of insanity, are scarcely, if at all, more economically conducted than public asylums, and that there is in reality no advantage to the rate-payers by their institution ; while, as we have shown, they entail upon their inmates a much more dreary and monotonous existence."

Assuming for the present, as admitted, that the union houses are unfit and improper receptacles for the insane, and that the line of demarcation ought alike on every social and economic motive to be preserved between the destitute and the insane poor, and the guardianship of the latter transferred from the poor-law, and to the lunacy department ; it does not necessarily, nor by any means follow, that we are to continue building huge asylums at the average cost of £200 a head, as we have hitherto done, for the care and treatment of every case and variety of mental disease. The question is, how so

to modify and extend our present asylum arrangements as, with the lowest cost to the rate-payer, to accommodate and treat the various varieties of mental disease. Our large county asylums are fitted with every arrangement necessary for the treatment of recent cases; cannot a less perfect machinery meet the wants of the large class of chronic lunatics? The Scotch Commissioners have not been neglectful of this view of the question. They conclude their positive objections against the union-houses as fit, under any circumstance, for the detention of the insane poor, with the remark that, "it remains to be considered whether proper care and treatment can be insured to harmless and incurable patients, at a less cost than that involved by sending them to public asylums; and whether it is advisable that, with this view, separate buildings should be provided for their accommodation. This is an important question for the deliberation and decision of district boards. Our own opinion has already been expressed, that a modification of our asylums is desirable; but this idea is founded, in a great measure, upon considerations of treatment, and we hesitate, in recommending its adoption, to encourage any extravagant hopes of economy, which possibly might not be realized."

The idea at which the Commissioners here point, is, some modification of the well-known cottage system at Gheel, and which has also been tried in this country on a small scale.

The Commissioners in their summary of the condition of single patients, admit that a large proportion of these cases are treated with great kindness and consideration, and base on this fact suggestions for the adoption of the cottage system.

"It is on this fact, (they observe,) that rests our chief hope of the success of the cottage system of accommodation, should it be considered proper by District Boards to give it a trial as an adjunct to their district asylums. For, if kind and humane treatment be extensively found in cottages, even under the present imperfect supervision, there is every reason to think that, under the immediate superintendence of asylum officers, it could be so fostered in growth as to open up a prospect of escape from the many questions that are every year rendering the care and management of the insane poor a problem of more difficult solution. In every country of Europe, the question of the accommodation of the insane is daily becoming more and more embarrassing; and we see how in England, notwithstanding the wealth of the country, and the humane spirit of the people and of the Legislature, the increase in the number of lunatics keeps a head of all the exertions made for their accommodation. This is a grave fact which deserves our

most serious consideration before we commit ourselves to the building of asylums, in the expectation that no further call will be made upon us. No doubt, it is theoretically easy to maintain the doctrine that asylum accommodation should be provided for all the insane poor, and that no expense should be spared in supplying the wants of this afflicted class. But the sane poor have also their claims; and the question may be asked, how far it is right, that an idiot, or a lunatic in a state of dementia or general paralysis, who is beyond all hope of being returned to sanity; and who, moreover, is little able to appreciate kindness, or to derive pleasure from the care and attention bestowed upon him, should receive treatment greatly superior to that bestowed upon an aged or infirm pauper, who, through in a sense also incurable, is more capable of appreciating kindness and showing gratitude in return? In England, the poorhouse is open to the able-bodied labourer, but in Scotland it is reserved for the aged and helpless poor; and, accordingly, with us there is not perhaps the same reason for drawing a distinction between the treatment of ordinary paupers and that of incurable pauper lunatics. But there will always be this essential difference between the two classes, calling for special consideration in their treatment, that the latter are labouring under a degree of mental incapacity which renders them altogether dependent upon the care of others, and incapable of appealing against harshness or neglect. Still, as we must place a limit on our charitable expenditure, we should beware of making such a distinction in their treatment as might raise a doubt as to its propriety; we must therefore take care not to be too lavish with the one hand, least we be forced to be too penurious with the other. On this account, we lean towards any scheme that will embrace good and economical accommodation for the whole insane poor, rather than to one which, from the expense of carrying it out, will sooner or later be of only partial application."

This suggestion is well worthy of consideration. It appears to us that a large increase in the accommodation of our English County Asylums might be made, by the erection on the asylum estate of a series of cottages, capable of containing each three insane patients of the chronic harmless class, for which, in addition to the usual cottage accommodation, only one extra sleeping-room need be provided. These cottages we should propose to assign, free of rent, and with a weekly allowance for the maintenance of the patients, to the married attendants of the asylum, present or retired. The patients would continue to form part of the asylum community; they would be employed in its workshops and on the farm; they would be clothed from the asylum stores, and hence continue to be the subject of supervision alike of the Medical Super-

intendent and of the Steward. Provision might thus be made alike for the economical housing of a certain proportion of our chronic cases, and for the temporary detention on trial of those apparently convalescent.

Our limits do not admit of farther following out this suggestion of the Scotch Commissioners; we commend it to the consideration of our professional brethren.

The following table gives the result of treatment in the lunatic wards of the Scotch union-houses during the year 1858:—

POORHOUSES.	Average number Resident.		Admissions.		Recoveries				Deaths.		Proportion of Recoveries per Cent. on Admissions.		Proportion of Deaths per Cent. on Numbers Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Abbey .	33.5	36.5	13	13	4	5	2	1	6	4	30.769	38.461	17.910	10.958
Aberdeen .	19.0	16.0	..	..	..	..	1	1	1	2	..000	..000	5.263	12.424
Barony .	51.5	64.5	28	43	13	30	6	11	6	9	46.429	69.767	11.650	13.953
Burgh .	20.0	22.5	8	28	11	19	..	1	1	1	137.500	67.857	5.000	4.444
Dumfermline .	6.5	9.0	3	5	..	..	..	2	..	1	..000	..000	..000	11.111
Dumfries .	1.5	3.5	1	..	..	..	..	2	..	..	..000	..000	..000	..000
Edinburgh .	29.5	84.5	6	19	..	4	4	13	3	3	..000	21.052	10.169	3.550
Falkirk .	8.5	10.5	6	4	1	4	5	1	3	2	16.666	10.000	35.294	19.047
Glasgow .	48.5	70.5	43	57	13	16	2	4	17	12	30.232	28.070	35.051	17.021
Greenock .	25.0	40.5	12	21	3	13	1	..	4	9	25.000	61.905	16.000	22.500
Kirkcaldy .	15.0	7.5	..	..	..	..	..	..	..	1	..000	..000	..000	13.333
Leith (South) .	6.5	9.5	1	4	..	..	1	2	1	1	..000	..000	15.384	10.526
Old Machar .	6.5	8.0	..	2	..	..	1	1	1	2	..000	..000	..000	25.000
Rhins of Galloway .	3.5	6.0	1	..	..	..	..	..	1	..	..000	..000	28.571	..000
St. Cuthbert's .	28.0	42.5	7	4	..	1	2	2	5	6	..000	25.000	17.857	14.117
Stirling .	4.0	5.5	1	1	..	..	..	..	1	..	..000	..000	25.000	..000
Thornhill .	1.0	1.5	1	..	..	..	3	1	..	..	..000	..000	..000	..000
GENERAL RESULT	308.0	438.5	131	201	45	92	28	41	49	53	34.351	45.771	15.909	12.087

“The preceding table affords scarcely any indication of the nature of the treatment accorded to the patients in poor-houses, especially in those which receive only fatuous and incurable cases ; but, if we confine our attention to the results afforded by the houses which are licensed for the reception of all forms of insanity, and which approach nearest in character to public asylums, we shall find that the mortality in poor-houses is considerably higher. To this class belong the poorhouses of the parishes of the Abbey and Burgh, Paisley ; of the Barony ; and of Falkirk, Glasgow, and Greenock. The average number of patients in these houses during the year amounted to 187 males, and 245 females ; and the deaths to 37 of males, and 37 of females. The per centage of deaths upon the number resident was thus 19·8 for males, and 15·0 for females. In the public asylums, on the other hand, the proportion of deaths in the pauper department amounted to 7·6 per cent. of males, and 8·1 per cent of females. We are aware that the basis on which these calculations are founded is too narrow to allow of any very positive deductions being drawn from them, but they tend to strengthen our conviction that parochial boards are not the proper parties to whom the immediate care of the insane poor should be intrusted.

It will be seen that in several of the poorhouses the proportion of recoveries is very high. This result we ascribe to the recent and frequently comparatively slight nature of the cases admitted. This fact, however, is an indication of the advantages that might be expected to result to patients, could they be placed in public asylums without the loss of time which the requirements of the present system necessarily involve. An inspector who has the lunatic wards of a poor-house at his command enjoys great advantages over those who require to enter into preliminary negotiations for the reception of their patients.”

c. Licensed Houses.—About 500 pauper patients are still confined in the licensed houses, which are chiefly situated in the Southern Counties. The licensed houses in Scotland, are, including the Edinburgh Idiot school, twenty in number ; and contained on the 1st of January, 1858, 745 patients, of whom 219 were private, and 526 pauper. The Commissioners state that when they commenced their visitations, they found most of the licensed houses overcrowded, and many of them very far from being in a satisfactory condition, but that even during the short period that has elapsed since their appointment, a decided improvement for the better has taken place.

There is still, as there always must be, in pauper licensed houses, a strife between the profits of the keeper of the house, and the comforts and well-being of the patients; and it requires no profound knowledge of human nature to perceive, where, despite all the visits of Commissioners, or medical examiners even, the balance will lie. This opinion is fully shared by the Scotch Commissioners: "*The system under which these houses exist,*" they remark, "*is palpably wrong, and there is, and must continue to be a great and pervading want of cheerfulness and amenity.*"

The only sane persons whom we ever found to uphold the opposite view of the question, and to argue that the insane poor were as well (at least) cared for in the licensed houses even in the gloomy north-east of London, as in a public hospital, were the Royal Commissioners appointed to enquire into the condition of the Army Medical Department, and whose chairman was a man of no less standing and enlightenment than Mr. Sidney Herbert; and they still, alas! hand over to this unequal strife between profit and cure, in the very houses which the legislature declares unfit for the Middlesex pauper lunatics, the soldier, whose mental disease has disabled him from longer serving his country.

This painful subject is thus referred to in the last Annual Report (1858) of the English Commissioners in Lunacy.

"The question (they state) of adequately providing for the care and treatment of Insane Soldiers remains still in abeyance. Our opinion on the many evils arising from the defective character of the existing arrangements for the accommodation of Soldiers labouring under this malady has been expressed in many former Reports, and we have contrasted those arrangements with the excellent provisions made for Insane Sailors at Haslar Hospital. We are quite at a loss to understand why there should be so marked a difference between the two Services, in the presence of the same calamity; and it will not be held beyond the limits of our duty, while we regret the necessity we have been under, of so frequently and so strongly animadverting on the continuance of this painful contrast, to add the expression of a hope, that, amid the general sympathy and attention awakened lately to the condition of the Soldier, the absence of all proper humane provision for his treatment under disease to which accidents of Service and changes of climate too frequently expose him, will not be much longer overlooked."

To return to the Scotch licensed houses. The overcrowding is less than it was, the diet and clothing better; and, accord-

ingly we are pleased to learn, on official authority, there has been no recurrence of that excessive mortality, the result of cold and starvation, which called for such severe comments from the Royal Commissioners. "We have, however," the Commissioners observe, "still seen reason to doubt, principally from the low condition of the vital powers of the patients, whether the diet was always appropriate; and, in one instance, we have pointedly directed the attention of the medical attendant to the subject. There seemed to us to be a want of sufficient variety in the food; and possibly also, an insufficiency of nutritive principles. Our views on this head were confirmed by the improvement in the physical condition of the patients, which followed on a change of diet. The error here committed was due to the ignorance of the proprietor, who did not seem to be aware of the necessity of varying the food; and this fact alone is sufficient to show the impolicy of confiding the care of even incurable patients to uneducated men. We take this opportunity to state, that in the only instance in which we have granted our license to a new proprietor, the licentiate had received a professional education."

Mechanical restraint has been almost entirely banished from the licensed houses, and patients who are recorded in the Report of the Royal Commission as almost always under restraint, are now habitually freed from their bonds. The improvement in the condition of several of these cases under the more humane treatment now in use, has been most remarkable, and is specially exemplified in the case of A. S., a patient in Millholm Asylum.

From the entries in the Registers, and from our own observation, we have had no reason to think that seclusion is improperly had recourse to.

Still, the inherent evils of the system are incurable; and, under the most active supervision will survive. The Scotch Commissioners bear witness anew to this fact.

"We have striven as much as possible to raise the standard of the accommodation provided by the licensed houses; but the difficulty, or rather the impossibility, of disposing of the patients elsewhere, has forced us to continue our license to some houses which we would gladly see closed. Even the new accommodation which has been provided is far from meeting our approval, but we were, in a measure, forced to adopt accommodation which, under other circumstances, we must have rejected. Still, we do not hesitate to say that a considerable improvement has taken place in the accommodation of the private pauper asylums, necessarily involving a corresponding improvement in the condition of

the patients. The most marked deficiencies under which they still generally labour, are the absence of suitable provision for the isolation and treatment of acute or troublesome cases, and the want of the means of occupation. But even in these respects improvement has taken place. Seclusion-rooms, of a more or less appropriate construction, have been provided; and patches of land, capable of affording some employment to the males, have been acquired. The evils resulting from placing intractable patients in houses not calculated for their treatment, have been partially removed by the transfer, on our recommendation, of several patients to other asylums. The presence of even one unruly or obscene patient is, in the absence of appropriate means of separation, often sufficient to disturb the tranquillity, or to lower the tone, of an entire establishment; and we had frequent occasion to regret that we had not power to compel the admission of such cases into public asylums. As compulsory admission of patients into these establishments cannot be resorted to, we endeavoured to impress upon the proprietors of licensed houses the necessity on their part of refusing admission to refractory cases, as destructive to the comfort and well being of their other patients. It was not, however, always easy to carry this recommendation into effect, for patients from the northern counties, and other distant localities, were occasionally admitted before the true character of their case was discovered.

Notwithstanding the improvements that have taken place, we have still to regret that, in some of the pauper houses, proper provision for cleanliness has not been made; that no furniture adapted for sick and weakly patients has been provided; and that the same rooms are occupied by the patients both by day and night."

d. Scotch Public Asylums.—We pass to the consideration of the present condition of the insane in the Chartered Asylums in Scotland. The public asylums in Scotland consist of the Royal, or Chartered Asylums of Aberdeen, Dumfries, Dundee, Edinburgh, Glasgow, Montrose, and Perth, and the Pauper Asylum at Elgin. Some fifteen years ago, before the erection of the English County Lunatic Asylums, these chartered institutions were the best public asylums in the island. Some twenty years ago, the same might have been said of the Edinburgh School of Medicine; some fifty years ago, of Edinburgh literary society. But all these matters, lunacy, medicine, and literature, have progressed in the southern part of the island, at a pace with which our friends in the north have hardly kept up. Thus, the reports which English Superintendents, out on their holiday, bring home of the condition of the chartered asylums, are not quite up to the impressions which their

very high character has conveyed, nor to the flattering testimonials with which the young assistant physicians of these institutions make their *debut* in the south. Deficiencies from a high standard of excellence are mainly observable in the pauper wards.

The baneful habit in hospitals or asylums destined for the cure of disease, of allowing any other classification than that natural to the disease itself, does endless harm. The barrier of rank raised in all these chartered asylums, by the admission of private patients, at various rates of payment, sends the parish pauper sadly to the wall. An English Superintendent, whose only classification is that based on the mental malady, and all of whose patients share alike in the curative appliances of his house, sees on his visit to the Scotch Chartered Asylums, in this rank-classification, another grave shortcoming.

Again, the government of these chartered asylums is not quite as it might be. Annual meetings of subscribers, and a large and varying committee of town-councillors, and small Ministers of various denominations, do not, by their acts and proceedings, always support the authority and position of the Medical Superintendent. It is not in them to do it; they are of the stamp of the Committee of Visitors of our Metropolitan Asylums, and some way successful trade does not make successful manners, nor confer that imbred courtesy and consideration for others, which comes also of gentle birth. The county gentry of England, who form the Committee of Visitors of our English County Asylums are of a different, and to our mind, more congenial mould than the Directors of the Royal Scottish Asylums.

Still, these asylums have done a great work in the amendment of the treatment of the insane; our friendly hint, that possibly we in the south have passed them in the race, may, let us hope, stimulate them and us to renewed efforts in the sacred cause of science and humanity, on which we are alike engaged.

We turn with some curiosity to see what Dr. Browne has to say of the homes of his ancient companions in arms; of the place where his own laurels were so justly won. He deals as we expected, truthfully and fairly with the subject. Thus, he hints that both at Edinburgh and Dumfries, difficulties occur in isolating excited patients, owing to the want in both houses of an adequate number of single rooms. Most of the asylums, the Commissioners observe, present structural defects, which interfere with the proper treatment of the

patients ; the washing accommodation in Edinburgh is deficient, and in the Dumfries Asylum, the baths are ill-placed, and of inconvenient form. In the Glasgow Asylum the seclusion rooms are imperfectly lighted, from the windows being to a great extent boarded up. The airing courts are generally overcrowded and gloomy, partly from their small size, and partly from the high walls by which they are enclosed.

But, passing from these small and remediable shortcomings, we gladly join with the Commissioners, in bearing testimony to the general good order and management of the chartered asylums ; to the liberal dieting and good physical condition of the patients ; to the excellent quality of their clothing and bedding ; the extent also, as the Commissioners observe, to which amusement and recreation have been carried, is a remarkable and very gratifying feature in most of these asylums. Above all, fully sharing the opinion which the Commissioners hold of the great ability and merit of our Scottish associates, we willingly endorse their regret, that in none of the chartered asylums, measures have been taken to secure to the Superintendents retiring allowances, after a certain period of service. "The duties," the Commissioners truly observe, "of these officers, are extremely arduous ; but, however, well fulfilled, they do not lead to any advancement in position. We are, therefore, of opinion that it would be not only just, but politic, to hold out to them the prospect of a provision for their declining years."

Again, we concur in the well-timed plea of the Commissioners, for an augmentation of salary to that valuable class of officers, officers placed in a difficult and trying position, the assistant medical officers of the public asylums. "The managers" add the Commissioners "of nearly all the chartered asylums, have now appointed medical assistants to aid the Superintendent in the discharge of the arduous duties of his office, but the remuneration accorded them is frequently very insufficient. We are informed, for example, that the three assistant medical officers of the Edinburgh Asylum, a house containing about 640 patients, with its revenue in a very satisfactory condition, receive respectively only £60, £40, and £20 a year. Again, at the Dumfries Asylum, where there is an excess of revenue over expenditure of £2000, the two assistant medical officers receive respectively salaries of only £60 and £30. At Dundee and Aberdeen, the whole medical duties of the asylum still devolve upon the superintendents ; but we believe it is in contemplation, in ac-

cordance with our recommendation to this effect, to provide them with qualified assistants."

We conclude our notice of the condition of the Royal asylums with the subjoined tabular view of the results of treatment during the year 1857-8.

PUBLIC ASYLUMS.	Average number Resident.		Admissions.		Recoveries		Discharges not Recovered *		Deaths.		Proportion of Recoveries per Cent. on Admissions.		Proportion of Deaths per Cent. on Numbers Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen														
Private Department	47.0	33.0	15	20	5	10	2	5	3	4	33.333	50.000	6.383	12.121
ditto	93.0	119.0	22	45	7	18	22	22	1	2	31.818	40.000	1.075	1.680
Pauper	140.0	152.0	37	65	12	28	24	27	4	6	32.432	43.077	2.857	3.947
Total														
Dumfries														
Private Department	86.5	70.0	29	25	6	7	12	8	6	6	20.689	28.000	6.936	8.571
ditto	106.5	67.0	30	30	4	10	13	12	8	8	13.333	33.333	7.511	11.940
Pauper	193.0	137.0	59	55	10	17	25	20	14	14	16.949	30.909	7.202	10.218
Total														
Dundee														
Private Department	21.5	19.5	12	7	5	4	2	2	1	3	41.666	57.143	4.652	15.789
ditto	96.5	74.0	16	21	4	9	9	7	3	0	25.000	42.857	3.109	.000
Pauper	118.0	83.5	28	28	9	13	11	9	4	3	32.143	46.428	3.389	3.592
Total														
Edinburgh														
Private Department	87.5	87.5	36	35	18	13	18	18	15	7	50.000	37.143	17.142	8.000
ditto	256.0	209.5	82	82	31	29	18	13	30	22	37.805	35.365	11.719	10.526
Pauper	343.5	297.0	118	117	49	42	31	36	45	24	41.525	35.879	13.103	9.764
Total														
Elgin														
Pauper Department	23.0	22.5	8	13	3	4	1	4	2	2	37.500	30.769	8.696	8.888
Glasgow														
Private Department	86.0	80.0	63	70	19	30	36	26	8	6	30.158	42.845	9.302	7.500
ditto	159.5	162.0	64	70	33	26	11	9	13	17	51.562	37.142	8.150	10.493
Pauper	245.5	242.0	127	140	52	56	47	35	21	23	40.945	40.000	8.554	9.504
Total														
Montrose														
Private Department	15.0	22.0	4	3	..	4	2	..	4	1	.000	133.333	26.666	4.545
ditto	89.0	121.0	29	39	7	24	1	6	5	13	24.138	51.282	5.618	10.743
Pauper	104.0	143.0	33	42	7	24	3	6	9	14	21.212	57.143	8.653	9.790
Total														
Perth														
Private Department	44.0	40.0	17	14	2	6	5	2	4	0	11.765	42.857	9.090	.000
ditto	42.5	50.5	22	24	7	11	2	1	6	3	31.818	45.833	14.118	5.940
Pauper	86.5	90.5	39	38	9	17	7	3	10	3	23.077	44.737	11.560	3.314
Total														
GENERAL RESULT.	1253.5	1167.5	449	498	151	201	149	140	109	94	33.630	40.361	8.699	8.051

The table is itself an excellent model, better than any in the Reports of the English Commissioners, giving as it does alike the per centage of recoveries and mean annual mortality, as well as the mere yearly figures. The total result of 37 per cent. of recoveries, (exclusive of cases discharged or transferred,) and a mean annual mortality of 8·3 per cent., is a very fair and creditable result of the year's work.

II. THE FUTURE PROSPECTS OF THE POOR IN SCOTLAND.

The act proposes to remedy this state of things, by the compulsory erection of county or district asylums, under similar arrangements as the English county asylums. A Board, to be termed the District Board, and composed of the county or borough magistracy, have confided to it, powers for the erection and government of the several district asylums. The eight original statutory districts were most judiciously combined. In six of them, chartered asylums already existed, which, by judicious enlargement, might for many years have supplied all the requirements of the insane poor; the two others, the Stirling, and the Renfrew districts, included a population for each of which a good sized asylum would have been required. Instead of this, the country has been divided into 21 districts; Orkney is one, and Shetland another, each of which must now provide its own asylum. The average size of these asylums will not be more than 200, a number quite inadequate with any regard to economy, to carry out a proper system of moral management.

For the purposes of the Act, Scotland is divided into the following eight Districts:

1. The Edinburgh District, comprising the counties of Edinburgh, Haddington, Berwick, Linlithgow, Roxburgh, Selkirk, Peebles, and Orkney.
2. The Inverness District, comprising the counties of Sutherland, Ross and Cromarty, Inverness, Elgin, and Nairn.
3. The Aberdeen District, comprising the counties of Caithness, Banff, Aberdeen, Kincardine, and Shetland.
4. The Perth District, comprising the counties of Forfar, Perth, Fife, Clackmannan, and Kinross.
5. The Dumfries District, comprising the counties of Dumfries, Kirkcudbright, and Wigton.
6. The Glasgow District, comprising the county of Lanark.
7. The Stirling District, comprising the counties of Argyll, Bute, Dumbarton, and Stirling.
8. The Renfrew District, comprising the counties of Renfrew and Ayr.

The Statute, however, contains the following provisions for the alteration or modification of the districts:—Section 110 gives power to the Prison Board of any county to sever itself from the district of which it forms part, and to erect itself into a separate district, if such power be exercised within six months after the passing of the Act; and section 49 gives the Board of Lunacy power at any time to alter or vary the districts, by combining or dividing counties, or parts of counties, on the application of the Prison Board of any county interested. Extensive use has been made of these provisions, and the original districts have accordingly been completely remodelled, partly by the larger counties erecting themselves into separate districts; partly by the aggregation of smaller counties into new combinations; and, partly by the involuntary isolation of counties through the secession of those to which they were originally united, and their subsequent rejection by other counties with which they proposed to unite. The following is the actual arrangement of the districts:

1. The Aberdeen District, comprising Aberdeenshire.
2. The Argyll District, comprising Argyllshire.
3. The Ayr District, comprising Ayrshire.
4. The Banff District, comprising Banffshire.
5. The Bute District, comprising Buteshire.
6. The Caithness District, comprising Caithness-shire.
7. The Dumfries District, comprising the counties of Dumfries, Kirkcudbright, and Wigton.
8. The Edinburgh District, comprising the counties of Edinburgh and Peebles.
9. The Elgin District, comprising Elginshire.
10. The Fife District, comprising the counties of Fife and Kinross.
11. The Forfar District comprising Forfarshire.
12. The Glasgow District, comprising Lanarkshire.
13. The Haddington District, comprising Haddingtonshire.
14. The Inverness District, comprising the counties of Inverness, Nairn, Ross and Cromarty, and Sutherland.
15. The Kincardine District, comprising Kincardineshire.
16. The Orkney District, comprising Orkney.
17. The Perth District, comprising Perthshire.
18. The Renfrew District, comprising Renfrewshire.
19. The Roxburgh District, comprising the counties of Roxburgh, Berwick, and Selkirk.
20. The Shetland District, comprising Shetland.
21. The Stirling District, comprising the counties of Clackmannan, Dumbarton, Linlithgow, and Stirling.

The districts thus constituted, are very unequal as regards population, extent, and wealth; and several of them are perhaps too small to support efficient asylums. This remark is especially applicable to those which have been isolated, less perhaps by their own choice, than from the refusal of the counties, with which their connexion seems most natural, to enter into combination with them. It is, however, not improbable that some modification of the existing arrangement may yet take place; but as the Statute confers no power to force one district into combination with another, the union of the isolated counties, with already constituted districts, is scarcely to be expected.

This summary of the Commissioners will convey an idea of the extent of provision which will be made under the new Act, for the care of the insane poor.

It is, indeed, a matter of most serious regret that the limits of the original eight districts should have been altered, and their number so materially enlarged. Eight county asylums, including those already existing, viz: Glasgow, Edinburgh, Dumfries, Dundee, Perth, Aberdeen, and Elgin, would have sufficed for all the wants of the country for many a long year to come, and would have entailed the building of only two new asylums, viz: one for the Ayr, and another for the Stirling district; two of the wealthiest districts in the land, and where the asylum-rate would not have fallen over heavily. The other existing chartered asylums, *with proper additions*, would have met all the requirements of the respective districts. We use the term, *with proper additions*, in its widest sense, as applied to the grouping round the Central Hospital (*Heil anstalt*), the various arrangements of cottages, cheaper buildings for the incurable, &c., &c. With due arrangements there is not, in our opinion, the slightest sanitary objection to massing six hundred patients together, while economically the gain is self-evident.*

Now the Scotch Prison Boards have managed to split up the country into 21 districts! Fancy the amount of useless building! Surely something should be done to stop such folly. The Commissioners treat the question far too mildly. They give in detail the proceedings of the 21 District Boards,

* The apparent contradiction to this statement, in the high maintenance-rate at Hanwell and Colney Hatch, is owing to the want of one central controlling authority in these ill-managed places. The Committee are jealous of their Medical Officers, and no one has a *personal* interest in the successful working of the whole.

for all of whom they have taken the trouble to compute the number of patients they will require to build for.

Now these small asylums of 140 and 200 strong, will be expensive failures, and it becomes the rate-payers of Scotland at once, and loudly, to protest against the folly and small jealousy of the respective Prison Boards, which have led to the well-digested division of the country, under the Act, into eight districts, being set aside. The present district of Bute has 15 male, and 16 female patients; the district of Haddington, 96. Are the Prison Boards in their senses, to propose to erect separate asylums for these numbers? We can only renew the expression of our surprise at the mild notice the Commissioners take of this folly, and commend the matter to those more directly interested, the visitors and rate-payers of the Scotch counties.

One wise provision of the Commissioners deserves notice here; the arrangement suggested by them of admitting to the benefits of the district asylums, the indigent private insane.

"It will be seen" they observe, "that, in our recommendations to District Boards as to the amount of accommodation to be provided, we have directed their attention to the propriety of considering the claims of the indigent private insane. Our reasons for doing so are twofold. In the first place, if accommodation be provided for paupers only, the natural result will be to afford a powerful motive for placing the indigent insane on the poor roll; and in the second place, as it is certain that a number of the indigent insane who are at present kept at home in a very miserable condition, from the unwillingness of relatives to allow them to be sent to distant asylums, will become paupers as soon as accommodation is provided in their own districts, a considerable increase of pauper lunatics from this source may be confidently anticipated, and corresponding provision should accordingly be made. There are, however, some legal difficulties in the way, which tend to deter District Boards from adopting this recommendation, the chief of which is the doubt whether an assessment to provide asylums for patients not actually paupers is authorized by the Statute, or could be enforced."

The last English Lunacy Bill gives the Committee of Visitors power to admit the indigent private insane to the benefits of the county asylum. The adoption of this provision would, we believe, be the death-blow to the inferior class of private asylums. The clause does not hitherto seem to have found favour in the eyes of our English Superintendents.

Lastly, we would direct attention to the admirable series of suggestions which the Commissioners have drawn up for the guidance of the District Boards, in the erection of the new asylums. We print them in full, as an appendix to this notice of their report.

It will be seen, how, in several instances, they have profited by the experience of our English asylums. Thus in section 5 of the suggestions as to site, the locality is treated of and is recommended to be within distance of a town to gain gas and water, and amusement and recreation for the medical staff and attendants, and change for the patients. How the attempts of Committees to save, on the purchase of the site, have run the English counties into expense on this score! Think of the desolate sites of so many of our asylums, and the endless cost and inconvenience of four or five mile journeys from the station; the price which coals cost to deliver; the cost of digging well after well for water; all, and dozens other such expenses and discomforts may be saved, by the District Boards attending to this suggestion of the Commissioners.

Again, the suggestion (10) that the Medical Superintendent's house should be distinct in every way from the asylum, is important. Indeed, we hold it should be *detached entirely*.

There is no gain to the working of the asylum in its being built into the main building, and it adds greatly to the first expense of the erection.

A detached house is, particularly for a married man, more fitted. We speak from personal experience when we say that many ladies (and very naturally) object to the idea of making their home in an asylum. It is most proper that the house-surgeon and other subordinate officers should reside in the building; it is sufficient for the principal medical officer if he reside within the grounds. In some plans, by Mr. Kendall, of Brunswick Square, which were, in May, submitted to the Visitors of the new Dorset Asylum, the residence of the Medical Officer and the Chapel, were grouped together, so as to form a very bold Gothic gateway, each having its cloistered walk leading to the hospital.

One suggestion strikes us as uncalled for: viz., that the walls, generally, should be plastered, or lined with Roman cement. They are much better plain brick, painted, and whitewashed; more easily cleaned and purified, and less readily damaged.

We here conclude our observations on this first Report of the Scotch Lunacy Commissioners. It is a document drawn up in a wide and comprehensive spirit, dealing with the

question of the treatment and care of the insane in all its varied relations. It bears evidence throughout of that unwearied industry and conscientious search after truth, which characterized Dr. Browne's long series of Reports of the Dumfries Asylum. It is full and accurate in the information it conveys of the present state of the insane in Scotland, and of the measures in progress for their amelioration ; while, at the same time, its wide grasp of the whole question of lunacy, has led us on, following the example of its writers, to depart here and there from the purely local question of the treatment of the insane in Scotland, and to touch on the wider element of the future development here in England, as well as beyond the Tweed, of the principles of the treatment of the insane poor embodied in the lunacy legislation of the last twelve years, and evolved in the successful efforts of the English Commissioners in Lunacy to apply those principles to practice. The work is already well forward, and has only to be persevered with in the same spirit in which it has hitherto been carried out.

C. L. R.

APPENDIX.

Suggestions and Instructions issued by the Board of Commissioners in Lunacy for Scotland, in reference to (1.) Sites, (2.) Construction and Arrangement of Buildings, (3.) Plans, of Lunatic Asylums.

No. 1.—SITES.

1. The site of an Asylum should be of a perfectly healthy character, and offer facilities for obtaining a complete system of drainage. A calcareous, gravelly, or rocky subsoil is most desirable ; but if a clayey subsoil only can be obtained, an elevated position is indispensable. The land should be capable of profitable cultivation, and it is also desirable that it should afford a supply of water.

It should not be near to any nuisances, such as steam engines, shafts of mines, noisy trades, or offensive manufactures ; neither should it be surrounded, nor overlooked, nor intersected, by public roads or footpaths.

2. The land belonging to the asylum should, when practicable, be in proportion of not less than one acre to four patients, so as to afford ample means for agricultural employment, exercise, and recreation ; and should be so situate as to offer facilities for any extension which may become necessary at a future period.

3. The site of the buildings should be elevated, as respects the surrounding country, and (if to be obtained) undulating in its surface, and cheerful in its position, and having a fall to the south.

4. The principal buildings should be placed near the northern boundary of the land ; and it is important that the site should afford a plateau of sufficient extent for the main structure, and for the means of ready access from the north ; the whole of the southern portion of the land being available for the undisturbed use of the patients.

5. The asylum should be as central as possible to the mass of population in the county or district for which it is to be erected, and should be convenient with respect to its easy access by railway or other public conveyance, in order to facilitate

the visits of friends and the supply of stores. It should be within such distance of a town as to command the introduction of gas, water, &c., and of one of sufficient size to afford the means of amusement and recreation for the Medical Staff, the attendants, and such of the patients as might derive benefit from a change in the asylum routine.

6. It is of the utmost importance that there should be a constant and ample supply of good water, of which a careful analysis should be made, with a view to determine the proper materials for pipes and reservoirs, and also in order to ascertain its fitness for the purposes of drinking and washing. The quantity, exclusive of rain water, which should be collected in cisterns on the roof, should, at the driest season, be not less than forty gallons per patient, per diem, and the amount should be accurately gauged.

NO. 2.—CONSTRUCTION AND ARRANGEMENTS OF BUILDINGS.

1. The general form of an asylum should be such as to afford an uninterrupted view of the surrounding country, and the free access of sun and air ; and be so arranged as to give the principal rooms a southern or south-eastern aspect.

2. There should be no road of approach or public entrance traversing the grounds.

The general entrance, the porter's room, the reception rooms, the committee room, the store rooms, and the other offices, should be so placed as not to interfere with the amenity of the buildings occupied by the patients.

3 As the buildings are intended chiefly for the accommodation of pauper patients, all superfluous external decorations should be avoided ; at the same time, they should be rendered as cheerful and attractive as due considerations of economy will permit.

4. The accommodation for the male and female patients, in the main structure, should be kept distinct on either side of the centre ; and this building should be so constructed as to admit of the separation of the male and female patients respectively into at least three classes. As a general rule, the numbers in each class should be such as to require the services of not less than two attendants.

5. The main building may consist of three stories, provided the uppermost story be devoted to sleeping accommodation.

6. Detached buildings of a cheap and simple character, consisting chiefly of associated dayrooms and dormitories, might be provided for the use of working patients. For the females, these buildings might be placed in connexion with wash-house and laundry ; and for the males, be in proximity to the workshops and farm buildings.

Provision of an equally simple and inexpensive description might also be made for the portion of the idiotic, imbecile, and fatuous patients, and also for chronic cases ; or cottages might be erected for the accommodation of a large proportion of the working and inoffensive patients, who might be placed either under the care of the families of the attendants, or of cottar tenants of the asylum.

7. All offices and buildings common to the establishment, such as the kitchen and scullery, the wash-house and laundry, the workshops and store rooms, should be conveniently placed, and be made sufficiently spacious to meet the prospective wants of the asylum in case of an increase in the number of patients.

8. The chapel should be of easy access, and it should be capable of comfortably accommodating at least three-fourths of the patients. It should have the usual character and arrangement of a church, and contain no special or peculiar provision for the separation of the sexes.

9. A general dining hall, conveniently situate with reference to the kitchen, should be provided for the patients of both sexes ; and also a library and reading room, capable of serving for the general purposes of instruction and recreation.

10. A suitable residence should be provided for the medical superintendent with kitchen and other necessary domestic offices.

Apartment of moderate extent should also be provided for assistant medical

officers and pupils, the steward, and the matron; but for them a separate kitchen is not required.

There should also be appropriate sleeping accommodation for the domestic servants of the institution.

11. The proportion of single rooms throughout the asylum need not exceed one third. The single rooms should be chiefly in the wards appropriated to the excited and the sick, and the patients of dirty habits. A few should be available for special cases in the other parts.

12. Passages of communication of moderate width should be adopted in lieu of wide corridors, and the dayrooms and dormitories should be placed on one side, and to the south. Under certain circumstances, the dayrooms or dormitories may occupy the whole breadth of the building.

13. The stairs should be built of stone, without winders or long straight flights. The well should be built up and hand-rails should be provided.

14. The buildings should be so arranged that the medical officer, attendants, and others, may pass through from one part to another without necessarily retracting their steps.

15. All the passages, and day and sleeping rooms, should have boarded floors; and it is desirable that the boards should be tongued. It is indispensable that they should be of the best wood, and thoroughly well seasoned. The floors of the sculleries need not be of wood. There should be a disconnection of the floor and joists at all the internal doorways, by means of a stone sill; and, in all cases where a fireproof construction is not adopted, similar separations, at not greater distances apart than fifty feet, should be made in the floors and ceilings. Provision should also be made for a complete fireproof separation of the timbers of the roof at the same distances, and the parapet should be carried through the roof one foot above the slating.

The walls generally should be plastered or lined with Roman cement.

16. No associated bedrooms should be designed to contain less than six beds, nor more than fourteen.

17. The general height of each story should not be less than eleven feet.

The associated dormitories should not contain less than fifty feet superficial to each bed or patient.

The separate sleeping rooms generally should be of not less than the following dimensions, viz., nine feet by seven superficial, and eleven feet high. Those appropriated to sick or bed-ridden patients should be of somewhat larger dimensions, and some of these should be provided with a fireplace.

18. The dayrooms, of which there should be at least one in each ward, should contain not less than twenty feet superficial for each patient, calculated for the whole of the patients in each ward.

19. The dayrooms and workrooms for females should be so arranged as to afford ready communication with the grounds, and those appropriated to the aged and infirm should be on the lowermost stories.

20. The windows of the dayrooms and corridors should be large and of a cheerful character, and every one be made to open easily and so as to allow a free circulation of air, but not in such a manner as to expose patients to danger.

The wall below should not be sloped or splayed, but recessed, to admit, if requisite, of a seat.

Shutters should be provided for a majority of the single sleeping rooms.

21. The doors of the single rooms should open outwards, and be so hung, that when open they will fall back close to the wall.

22. In each ward there should be conveniences for washing the person, a slop-room containing a sink, a storeroom or closet, and water-closets. It is very desirable that all water-closets, lavatories, &c., should be placed in projections. A bath should be provided in the wards occupied by the dirty patients; but there should be besides general bathrooms conveniently situated for the general use of the patients, and the baths should be so placed as to leave all the sides free.

23. Suitable infirmaries, in the proportion of at least one-tenth of the whole,

should be provided, in which the cubical contents of the sleeping rooms should be greater than in other parts of the building ; and every room, including the single rooms, should have an open fireplace.

A small dayroom in each infirmary is also desirable.

24. All the dayrooms and galleries should be warmed by means of open fireplaces, or open firestoves ; and in large rooms two fires should be provided. Fireplaces should also be built in all associated dormitories ; but in them and other large rooms, such as the chapel or general dining hall, and in the corridors and passages, further provision for warming may be necessary.

25. The ventilation generally should be provided for by means of flues, taken from the various rooms and corridors into horizontal channels communicating with a perpendicular shaft, in which a firebox should be placed for the purpose of extracting the foul air.

26. In all cases where descending or horizontal smoke flues are used, they should be entirely constructed of brick work, rendered or pargetted inside and out ; and flues from any of the heating or other furnaces, which are carried up through any of the main walls, should be constructed with an hollow space round them, to prevent the inconvenient transmission of heat.

27. Whenever the building generally is not fireproof, and when ventilating flues are constructed of inflammable materials, such as quartering lathed and plastered, a distance of at least twenty feet from their point of connexion with any shaft, furnace, rarefying chamber, or smoke flue should be constructed entirely of brick, stone, or other fire-proof material.

The rarefying chamber for ventilation, together with the adjoining roof, should be entirely fire-proof ; and a communication should be made with it by means of a slate or iron door-frame.

28. The best and most approved system of pipe or tubular drainage should be adopted, with a sufficient fall so as effectually to carry off to a sufficient distance from the asylum the soil and all other impurities ; and the sewage should be collected in closed tanks, and so placed and constructed as to render the contents available for agricultural purposes.

Means of flushing should be provided.

29. The enclosed airing courts need not be more than two in number on each side, and should be of ample extent so as to afford proper means for healthful exercise. They should all be planted and cultivated, and any trees already existing within them should be preserved for shade. The walls should be sunk in a ha-ha.

30. The whole of the rain water from the building should be collected in tanks, suitably placed, for the purposes of the wash-house, and, if possible, at such levels as will dispense with the labour of pumping.

Lead is an objectionable material for pipes and reservoirs, as adulterating the water.

31. Lightning conductors should be placed on the most elevated parts of the building ; and they may be connected with the stacks of iron rain-water pipes, which, in that case, should be fixed so as to answer the double purpose of rain-water pipes and lightning conductors.

32. The cottages, if adopted, should be of different sizes, each calculated to accommodate from three to five patients, in addition to the family of the occupier. The male patients should be placed either in single rooms, or in dormitories for three or four, and each cottage should contain a water-closet.

33. Farm buildings, with suitable stables, &c., should be provided, and also workshops suitable for the employment of the patients, according to the prevalent occupations of the district.

NO. 3.—PLANS REQUIRED.

1. One or more sheets of the Ordnance map, containing the county, borough, or district in respect to which the asylum is to be erected ; or some other large map in which the situation of the proposed asylum, and all the public roads and footpaths in the vicinity thereof, are clearly and fully defined.

2. A general plan of the land (with the block of the buildings and offices)

and of the exercise grounds, garden and road of approach, with the levels of the surface of the ground at the quoins of the building, offices, and fence walls, figured thereon. (Scale of 100 feet to an inch.)

3. Plans of the basement, ground, and each other floor of the main building, subsidiary buildings and offices; also of the roofs and gutters, and of the principal elevation. (Scale of 20 feet to an inch.)

4. Elevation of portions of the principal front, and also of any other parts, in which any variation therefrom takes place. (Scale of 10 feet to an inch.)

5. Transverse and longitudinal sections, or sufficient portions thereof to show the construction of every portion of the building. (Scale of 5 feet to an inch.)

6. Plan and section of one separate sleeping-room, dormitory, and eating or dayroom respectively, or of part of the same, showing the method of warming and ventilating each; also of the baths and washing rooms, and water-closets, and the construction of the apparatus for each. (Scale of 1 foot to $\frac{1}{2}$ an inch.)

7. An abstract of the draft contract and specification, giving a concise statement of the whole of the intended work; and also a detailed estimate of the building and the prices at which the different materials and workmanship have been calculated in making the estimate.

8. The thicknesses of the walls, and the scantlings of the timbers of the floors and roofs, to be figured.

9. The general system of heating and ventilation, proposed to be adopted throughout the asylum, to be fully described in the drawings and specifications.

10. Each plan to show the several classes and numbers of patients to be accommodated, in the wards, dayrooms, dormitories, cells, galleries, and airing courts, respectively, to which such plan relates.

Excerpta from the Evidence given before the Select Committee of the House of Commons on Lunatics. THE RIGHT HON. S. H. WALPOLE, *Chairman.* March, 1859.

The Right Hon. the Earl of Shaftesbury, Chairman of the Commissioners in Lunacy examined. "The course I should be inclined to take in this examination is this: first, I would state to the committee, as well as I can, the present condition of things, and then point out certain amendments which I think might be applied to the existing defects. Then the committee would probably put questions to me upon the various subjects, one after the other, and I think that would prevent confusion, as then one subject would be exhausted before we entered upon another. Having done that, I should then ask the permission of the committee to go more widely into the subject, and to point out to them what is the result of my long experience, and the result of the experience of my brother Commissioners, as to the real method of the treatment and cure of lunacy, because we are convinced that it stands at present upon a very vicious principle; and I should wish

to indicate to the committee, and to point out what I consider to be the true and permanent principle, which cannot fail of conferring very great benefits upon that enormous class of helpless beings.

The jurisdiction of the Commissioners is confined to England and Wales. The great periods of effective legislation were the years 1829, 1845, and 1853. The titles of the Acts under which we are now regulated are the 8th and 9th of Victoria, chapter 100, the 16th and 17th of Victoria, chapter 96—those two Acts being construed as one. There is also the 18th and 19th of Victoria, chapter 105. These are the Acts for the Regulation of Private Houses and Hospitals, and which prescribe the duties of the Commissioners. The Acts for the Regulation of the County Asylums are the 16th and 17th of Victoria, chapter 97, and also the 18th and 19th of Victoria, chapter 105—it was a joint Act, that affected both alike. The Act of 1829 was founded on a report of a committee that was appointed in 1827, at the instance of Mr. Robert Gordon, of Lewiston, as he is called in the Act. That committee sat during the whole of the session, and upon the recommendation of that committee the Act of 1829 was passed, and that continued to be in operation till the year 1842 or 1843, and then sundry amendments were introduced, and among the rest there was an extension of the jurisdiction of the Metropolitan Commissioners in Lunacy with regard to the provinces, and they were directed to make a visitation into the provinces, and to report upon the state of the lunatic asylums, both public and private. Their Report was presented in 1844, and upon that was founded the Act of 1845, the 8th and 9th of Victoria. That very much extended our jurisdiction, and our powers, for it gave the Metropolitan Commissioners the right, and imposed upon them the duty, of visiting the provincial asylums so many times in the course of a year, and visiting the county asylums, and reporting upon them. It also made the commission permanent, for at that time it had been a periodical commission; the officers engaged in it were not permanent officers, and they were allowed to follow other vocations; the medical officers and lawyers were only paid so much per hour, and for special work done. It was a fleeting commission, the expenses were increasing rapidly, and it was thought advisable, as the subject of lunacy had assumed so much importance, that there should be a permanent commission, with a permanent staff of officers, who should be precluded from following their professions, and should give their time exclusively to the business of lunacy, and the necessary visitations.

The composition of the commission was this: there were six paid members, three lawyers, and three medical men, at salaries of £1,500 a year each, and there was a secretary appointed at £800 a year. To them were attached certain unprofessional members, who were to take a part in the business, and who were to have powers pretty nearly co-ordinate with the rest of the Commissioners; to go upon visitations in lunacy, and take part in all the business of the commission; but what are called the statutory duties, that is, the necessity of visiting—which necessity or duty in the metropolis is imposed exclusively upon the professional commissioners—these statutory duties must be performed by a medical man and a legal man in conjunction. The lay element was considered to be of very great importance; indeed in the working of the commission, and I can say, from very long experience in this matter, that the non-professional element, not only upon the commission, but among the visiting magistrates in the country, and in every possible department relating to the treatment and care of lunatics, is of the most indispensable importance, and without it I am quite certain that the whole system of the management of lunatics would fall into the greatest disorder, and we should relapse into many of the errors from which we have been extricated. In the past year the Commissioners have made, including the visits to the workhouses, 908 visits under the Act, but with the voluntary visits the figure would be much higher, and they have seen 35,595 patients. Besides the duty of visitation, of course there are very considerable Board duties: the Board meets once a week regularly; it meets sometimes more frequently, but it meets invariably once a week, on Wednesday, on which day the business of the Commission is transacted. The number of Board meetings during the past year was 50. But this is by no means the measure of the full amount of business that is done by the Commissioners meeting together; because there are a great many meetings at which very important business is transacted, but which have no statutory effect, and are not formal Board meetings; and therefore even the 50 Boards which were held during the year 1857-58 are not by any means the full measure of the time devoted to the business. The unpaid Commissioners are myself, Colonel Clifford, Mr. Gordon, and Mr. Vernon Smith, and also Mr. Barlow, who is a Master in Lunacy; he is connected with our Board, for it was thought desirable that there should be a connecting link between the two, and he supplies that link, and is one of the unpaid

members. There are 33 county asylums and four borough asylums to be visited once in a year, that makes 37 visits; there are 15 hospitals visited once in a year; and there are 37 metropolitan licensed houses visited four times in a year each, making 148; there are 77 provincial licensed houses to be visited twice in a year, which would be 154 visits; the total being 354. The single patients, if we know where they are, are visited once in a year; of those, there are 124; but it must not be supposed that 124 is the limit of the single patients, for we believe that there are many more, but we cannot arrive at a knowledge of the place where they are. Of late a certain number have been taken abroad, both single patients and others, who would have been in the licensed houses; it has not been to any great extent, but still to a greater extent than I should desire to see. We have no check over them, although the law of the country to which they may go is sometimes very stringent. There is very considerable nominal inspection and authority exercised over them. All those things appear upon paper; and if you read accounts of the system under which lunacy is governed in France, you would think that nothing could be more perfect; but when one comes to examine into the matter, I think it is very doubtful whether it is so. I had heard a great deal about foreign asylums; but when I examined into them, I thought them wonderfully inferior to our own, and very deficient in things that we in this country consider to be absolutely necessary. As I stated, the number of visits to single patients are 124. Then, by the Act of 1845, a duty was imposed upon the Commissioners of visiting the workhouses, and the whole number of those workhouses is 645. The workhouses were latterly visited in 18 months; and, taking two-thirds of them to show what was done in 12 months, it would be 430; the whole would be 908 visits. I may explain to the Committee, (for otherwise they might be misled, and suppose that there were many matters that none but medical men could undertake; and a friend of mine said to me that he could not conceive what laymen had to do with matters of this sort,) that the business transacted at the Board is entirely civil in 99 cases out of a 100. A purely medical case does not come before us once in 20 Boards.

The Commissioners make four visits annually in the metropolis, and two in the country. In workhouses they make one inspection at least in the year—that was imposed; but I should say that by the Amending Act of 1853, that

compulsory duty was taken away, and it was left to the discretion of the Commissioners assembled at the Board to indicate when and what houses should be visited. It was found to be so extremely onerous, that it was necessary that there should be a limitation to it, and a discretion is now exercised by the Board. Those who visit these asylums make a very full report to the Board. It is enjoined by statute that they should do so; and, moreover, it is enjoined that they should ask certain questions, and those questions must be asked. They ask, of course, a great many more, and enter most minutely into various details. These reports are sent up. A certified copy must be taken by the proprietor of the house, and be sent up to the Commissioners, and all these reports are read to the Board, and it is one of the most important duties which they have to discharge, viz., to read all these reports in succession at their weekly meetings. The lunatics are questioned when visited; and not only that, but as a matter of very great importance where there is the slightest belief that either the patient is under any influence of an improper kind, or that something may be discovered by private intercourse, the patient is brought into the room, and the Commissioners sometimes spend a long time with a single patient. I have known as much as an hour or an hour and a half spent with one lunatic, in order to ascertain his state of mind, and whether he had any complaints to make. We endeavour to make the visits in the metropolis as uncertain as we well can. They must be made four times in every year, but we often, with a view to create uncertainty, make the visit at the end of the quarter, and return suddenly upon the house at the beginning of the next quarter. It is next to impossible that they could be more secret. We come down as suddenly as we can upon them; but the moment the Commissioners appear in a county, what with the penny post and the electric telegraph, and the wonderful communication which there now is with all parts of a county, it is known to every one that the Commissioners are there; and the Commissioners, on account of the large surface they have to cover, cannot appear at an asylum in Berkshire, and suddenly quit Berkshire and run off into Northumberland; for not only would time be lost, but the expenses would be greatly increased.

In some instances I have no doubt that the visits are anticipated, but not from any facilities of judging that we may have given them, but from the fact that they know the time is coming round when they will be revisited, and they know

when the Commissioners have entered a county. I have thought that the Committee would like to know what was the number of lunatics at three different periods. In 1828 it was really next to impossible to get at any conclusion; and until just before the year 1845 there were no data upon which we could make any statements and arrive at any results; and even in 1845 we could not go further than this, that we found out what were the numbers in the county asylums; we found that there were 4,155, and 245 private patients; under the local Acts there might be 80 paupers; in the military and naval hospitals, 168; in Bethlem and St. Luke's there were 442 private and 121 paupers, making 563; and in other public asylums, now called registered hospitals, there were 879; 536 private and 343 paupers. In licensed houses in London there were 973 private and 854 paupers, making 1,827; and in the provincial houses, 1,426 private, 1,920 paupers, making a total of 3,346: the grand totals on the 1st of January 1844 were 2,399 private patients, 2,744 pauper patients; making 5,173.

On the 1st of January, 1858, the number of patients in asylums, that is, county asylums and borough asylums, was 15,163; in hospitals, 1,751; metropolitan houses, 2,623; provincial houses, 2,647; and we put down for the naval hospital, 126; making 22,310. To that you must add in workhouses, 7,686; living with their friends as paupers, 5,477; making a total of 13,163 paupers. If I add to that 124 single patients, the grand total will be 35,597. These numbers were distributed in the county and borough asylums, licensed houses, hospitals, and single houses. In 1828 it was quite impossible for us to obtain any information upon the matter. In 1845 there were no borough asylums, but there were 15 county asylums; before the act of 1845 it was optional with the counties to erect asylums for the county patients or not, as they pleased; by the Act of 1845 it was made obligatory, and the result of that has been, that in 1858 there were four borough asylums, and 37 county asylums, but that does not represent the provision made for the pauper poor at the public expense.

The naval and military hospitals are not under the jurisdiction of the Commissioners, nor are they visited by the Commissioners by right. I do not think any military hospital is now existing. We have visited Halsar, and we have visited the military asylums, but we have no right to do it. The Chancery patients are not subject to the visitation and jurisdiction of the Commissioners, and are not in the list given in.

St. Luke's and Bethlem are included now ; there might be included in this list a certain number of Chancery lunatics who might be found in licensed houses, but Chancery lunatics, as such, living separately, are not under our jurisdiction. In going over Bethlem we should enquire into the condition of the criminal lunatics, and if we saw anything that was worthy of note, we should make it known to the Secretary of State, but we have no authority over them. There is a very great deficiency in the provision that ought to be made in the boroughs.

There are 33 county asylums, and the present accommodation in them is for 15,627, but with the additions that are in progress they will in a short time give accommodation for 18,108. The asylums which have been opened since January 1858 are two, and they offer additional accommodation for 562. The asylums in progress, in course of erection, and very soon to be opened, are four, and they offer accommodation for 1,304. There are some asylums about to be erected upon sites purchased, and approved by the Secretary of State, and those are two, and they will accommodate about 500. The summary is this : of the county asylums already opened, in progress of erection, or about to be erected, the number will be 40, after deducting Bedford, which is about to be closed ; and the total accommodation then offered by county asylums will amount to 20,294. There are some five or six counties in which the law has not been complied with ; in a few, no measures have been taken at all, but there are a great many in which preliminary steps have been taken ; but the whole thing has been checked by circumstances and difficulties, particularly in the Welsh counties. With regard to the boroughs, Birmingham is about to be enlarged ; the number of patients in the Birmingham asylum, on the 1st of January 1858, was 330 ; in Hull, 95. In Bristol they are in the course of building an asylum ; and the City of London, at last, after many years delay, has purchased a site near Dartford, where there is an asylum to be built for 300 patients. The pauper lunatics of Northumberland are sent to the Northumberland hospital. Gloucester, Nottingham, and Staffordshire, used to have mixed asylums, but the subscribers have separated, and they have built separate hospitals ; but Leicester and Denbigh have still mixed asylums ; they are partly hospitals and partly county asylums. They take in patients who are paid for, but that has been found to operate injuriously, that union has not answered at all, and the system is being generally abandoned throughout the country.

There are a vast number of boroughs that have made no provision whatever for their lunatic poor ; but we hope now, by a provision in the bill that has been brought in by the honourable member in the chair, a great deal of that will be overcome, and that boroughs may be annexed by the Secretary of State to the county asylums, and be entitled to send their lunatic poor there, paying, of course, the necessary expense. There is a power now for a borough to unite with the county, if both parties agree to it, in the erection of an asylum ; but there is oftentimes a very unreasonable opposition offered by the visitors to the county asylums, and it is very desirable that the Secretary of State should interpose and settle the matter, as the lunatics suffer from being shut up in workhouses. I think we have every reason to be thankful that since 1845, when we consider the progress that was made before that, a vast deal has been done ; and there seems, I think, a willingness in the country to do more, and I have no doubt that the provision will be commensurate with the demand.

Is not a pauper lunatic compelled to pass through the workhouse before being admitted into the county asylum ?—Not by law, but through the mode in which the law is administered. I think that there ought to be a law to say that he shall not pass through the workhouse ; but he does pass through the workhouse, and very often he gets into the workhouse, and never comes out of it. He ought never to go near the workhouse ; and the law should say, that no lunatic should be detained in the workhouse beyond two days, and that, for the sole purpose of keeping him till means of conveyance were found to convey him to the principal asylum.

Does not this necessity for passing through a workhouse cause great delay in the application of the relatives, so that the case is actually not placed under medical treatment until it is often too late ?—That is also the case in 99 cases out of 100 ; if a man is sent to a workhouse, there he remains. The great apparent increase in the number of lunatics that had taken place between 1845 and 1858, was not a positive increase in the actual number of lunatics in proportion to the population. Of course, as the population increases, there must be a certain increase in the number of lunatics, but the lunatics did not in that time increase in the ratio of the population, but it was owing to provision having been made for them, and the greater activity of all the authorities to look them up in all directions, and to bring them to the face

of day, and place them in the receptacles prepared for them ; and I think I cannot give a better proof of that than this, that when the activity began, and all these cases were brought to light, they were found to be not recent cases, but they were old-established chronic cases, of very long standing indeed ; and it was a very sad thing when Hanwell was extended, and also when Colney Hatch was opened, which we had hoped would be for the reception of recent and curable cases ; it was almost instantly filled with old and chronic cases, to the exclusion of the recent and curable cases that might have been brought there, and many of them returned in a state of health to the duties of life.

I am almost afraid of giving an opinion, whether there has not been an increase of lunacy in the country, for there is a great difference of opinion on that point, because all the data preceding the year 1845 are so very indistinct, and even subsequently to that, they are so few, and so mixed up with all those old chronic cases, that it is difficult to say what has been the increase. I will state my opinion, which is pretty well borne out by my brother Commissioners, and a good many others, that the increase of lunacy is certainly unquestionable, but it is not by any means in the ratio of the increase of the population. If the population is increasing, it would be certainly supposed that the number of lunatics would be increased ; and if it has increased at the rate of 20 per cent., there has not been the same ratio of increase, that is, of 20 per cent. among the insane, which I ascribe to the operation of various agencies. In the first place, I think that education has done a good deal to keep down the drinking habits of the people, and to keep down many of those habits the ultimate issue of which is almost invariably lunacy. I have no doubt that the movements of the temperance societies and the teetotallers have very much repressed the increase of insanity, because it must be observed, and I believe it will not be disputed by any one who has the least knowledge of insanity, that seven-tenths of the cases of insanity that prevail among the poorer class arise from their habits of intoxication. Some years ago I looked very much into this matter, having occasion to bring the subject of education before the House of Commons. I then communicated with the Superintendents of almost all the asylums in England, both private and public, and I communicated with the conductors of asylums in America, who in the most kind manner sent me abundance of returns ; and the result was that they all concurred in this, that if the people could be brought even to moderate habits—

I do not mean teetotal habits, but temperate habits—the result would be, that at least seven-tenths of the cases of lunacy that afflict and distress mankind would be altogether got rid of, and an enormous proportion of our lunatic asylums might be shut up or converted to much more happy purposes. I am led to think that, owing to the efforts made by teetotal societies and temperance societies, that the progress of insanity, which would otherwise have been a most formidable ratio of increase, has been very much checked. In the year 1843 I stated that “a large proportion of the cases of lunacy was ascribable to intoxication,” and that remark applies equally to the present time, for it is applicable to all times that habits of intemperance in so many instances lead to the development of insanity. “We shall see how large a proportion of the cases of lunacy is ascribable to intoxication; but we shall draw moreover this startling conclusion, that if thousands are deprived from this cause of their reason and incarcerated in madhouses, there must be many fold more who, though they fall short of the point of absolute insanity, are impaired in their understanding and moral perceptions.”

Do you think that you are justified in drawing that conclusion, and that there may not be physiological reasons which connect the effect of intemperance with the previous predisposition to insanity, so that the insanity may be rather the consequence of the combined effect of a depraved appetite, and a natural predisposition, and not the depraved appetite alone?—I think so; I have no doubt that in some instances it may arise from that, but then, I think, that that predisposition to insanity would not be developed unless the man had been guilty of indulgence in drink; I think that it is that which causes the predisposition to issue in positive insanity. This cause applies principally to the poorer classes. As soon as the means of obtaining drink are taken away, the cure is very rapid. It is true that when put under curative treatment they rapidly recover. A man who has lost his senses from drinking, when brought under care and treatment may probably be well in three weeks or a month, and able to go back again to society. But with this habit of drinking, perhaps, it produces a recurrence of the disorder. I have known instances in which one man has been brought back 20 times in a state of mania in consequence of drink, and that habit of repeated drinking, and that constant recurrence of the disorder, at last becomes settled, and the man becomes a chronic madman; of that there can be no doubt. We have had the greatest difficulty, indeed, I do not know that there is any

greater than dealing with these cases. Persons are shut up, under the influences of mania in consequence of drinking, and in the course of a short time they become perfectly sane. We visit them, and find them in a state of sanity, and we know from long experience that those persons, be they men or women, upon being discharged, will in the course probably of one hour go to the nearest gin shop, and drink to excess, and be furiously mad before the end of the day. That happens repeatedly, and yet we have no power to retain people who are sane, and it is wrong that we should do so; except in such a case as that I have mentioned of a man who had been shut up nearly 20 times, we knowing that he was come to such a state, that if let out he certainly would be guilty of excess again. In cases of that description we have generally acted in this way; after a person has had so many trials, and has indicated so total an incapacity for self control, we must think that he is altogether of unsound mind, and we cannot let him go out any more. It would be hazardous to society to let him go out again. There is no doubt that the habits of the people are improving. It is bad enough as it is. The extent to which people indulge in strong drink is frightful as it is; but it is not so bad as it was.

With regard to the progress of insanity among the pauper classes, I do not believe that it is by any means in proportion to the increase of the population. I think I see several agencies at work that tend to repress it, but when you come to persons a degree above pauperism, and when you take the classes beginning with the trading classes and persons keeping small hucksters' shops, and going to the highest vocations in life, I cannot but hazard the opinion, although I dare say many will differ from me, that if there is not an actual increase of insanity, there is developed a very considerable tendency towards it, and I think it arises from the exaggerated state of society—the new state of society in another aspect, upon which we are entering. It is impossible not to see the effect that is produced by the immense speculation that takes place among all the various small trading classes, and people keeping costermongers' shops, and every one who has £5 that he can invest: they are carrying it on to a very great extent, and the number of disappointments and the great ruin that has come upon so many people, and the horrible distress to which they have been subjected, have had a very considerable effect upon their minds; and society is living in a state of perpetual agitation. It does not signify whether it be political life or

literary life. Every one must see now that life is infinitely more active and stirring than it used to be ; the very power of locomotion keeps persons in a state of great nervous excitement, and it is worthy of attention to what an extent this effect prevails. I have ascertained that many persons, who have been in the habit of travelling by railway, have been obliged to give it up, in consequence of the effect upon the nervous system. I was speaking to one of our Commissioners the other day who had just come off a journey, and he said that his whole nerves were in a state of simmer, and he was not able, without some period of rest, to enter upon business. I think that all these things indicate a very strong tendency to nervous excitement, and in what it may issue, I do not know ; but I am quite sure, with regard to persons in that class of life entering into trade, and living in, and very constantly under the influence of, this stir and this agitation, that the nervous systems of these persons are in a much more irritable state than they were 20 years ago. But there are a great many other causes besides intemperance. If you go over the various lunatic asylums, you can there see a number of causes at work ; no doubt want of food has a very sad and serious effect upon the nervous system, and I have known some instances in which it has superinduced madness. I remember some instances in that most oppressed class, the needlewomen and slop-women, I have seen two or three cases in which they have been brought into the house in a state of decided mania, but in a very short time these poor creatures have been set right, by no other remedy than beef and porter : I have no doubt that the effect of want of food in many instances has a most depressing effect upon the nervous system. There is sometimes a strong hereditary predisposition, a good many come from accidents and blows upon the head. The predominant cause among the richer class of lunatics appears to be a disordered imagination, the pursuit of money, disappointed ambition, or great losses in trade, and sometimes you will find it from over-work.

Has religious excitement—not religious excitement in the ordinary sense of the word, for different classes appear more divided upon religion than they were—in your opinion, led to insanity ?—That is one of the most important questions that can be put, and I am very glad that the Honourable Member has put that question, because I think there are two or three observations to be made upon it, which may tend to remove a good deal of misunderstanding upon the

subject. I, of course, should have very great diffidence in speaking upon this question, if it were purely a medical question ; but it is a moral question, and therefore any non-professional person, any layman who gives his mind and heart to this subject, has as much right to speak upon it as all the physicians put together ; and I do not hesitate to say, as the result of my experience, that I have never seen a case, and I have never heard of a case, in which a person has gone mad caused by the influence of religion ; and when I say by the influence of religion, I mean the true Gospel spirit of true Christianity. I do not mean that a person may not have been turned aside by some strange notion, that some ignorant timid person having taken up some obscure and mysterious point of religion, and looked at one small unintelligible part of it, and looking at it exclusively and constantly may not have become disordered in his reason ; but religion, taken as the pure Gospel, I will never believe has had the slightest effect in producing any aberration of reason whatever.

It is not the fact, that there are many instances of persons going mad from fear of eternal punishment ?—No doubt ; but then I say that that is because they have not had present to their minds the full Gospel in all its bearings, but only certain parts of it. I remember a case of madness that came under our observation not many years ago. To one of the large towns in the kingdom there came down an unauthorised person, a most fanatical and violent preacher. He succeeded in getting together a considerable congregation of foolish, ignorant people, and among the rest there was one poor girl who clearly had never been much instructed in the truths of religion ; and he, thinking to produce an effect, broke out most violently upon the wrath of God and upon the terrors of eternal punishment, describing them with all the vigour of which he was capable ; and then ended by saying, to produce an effect, and fixing his eye, and directing his finger to this poor girl, “I see one, I see one, who before this night will be in hell fire.” The effect upon her mind was such that she was deprived of her reason, and I believe never recovered it. But nobody will say, I should think, that that was the effect of religion, that religion was the cause of that woman’s aberration of mind. Again : I have often found that persons having a strong predisposition to insanity fasten upon religion as the strongest aliment they can find ; but it is the predisposition to insanity that, indulged, causes the insanity, and not the religion, that their predisposition

to insanity feeds upon. I remember a case that came under my own knowledge. I was visiting an asylum, and I wished to make inquiries about the attendance upon religious worship by the patients, and I went into one of the rooms, where there was a very intelligent clever man, who had been a lawyer, and of some eminence. I entered into conversation with him, and I asked him whether he ever attended the religious service in the chapel, and he said, "No." I said, "Why do you not attend?" He replied, "There is no reason why I should do it, but there is every reason why I should not." I said, "Why?" He said, "Because I am the prophet Amos." Now nobody shall tell me that the fact of his believing himself to be the prophet Amos had drove him mad, but it was his predisposition to insanity which made him believe that he was the prophet Amos.

Supposing that a great deal of insanity arises from religious excitement, your Lordship is probably aware of what occurs in the West of England, in Cornwall, where there are what are called revivals, people meeting in crowds, and staying together for a week; have you heard that a great deal of insanity is produced in that way?—In the first place, revivals must not always be condemned at once, without due inquiry into them. I have heard of a good deal of excitement arising out of them and of very foolish things being said and done, but of little or no permanent insanity arising out of them, except as in the case I have alluded to, where an enthusiastic preacher had been guilty of such an atrocity as I have mentioned, and had worked upon the timid and ignorant.

There is no doubt that the number of cases of insanity induced by habits, which cannot be named, is considerable, and these habits generally lead to idiotcy and to epilepsy. They are epileptic idiots, and sometimes they are mere slaving idiots.

The acts by which we are governed recognise four places of reception for lunatics. There are the public asylums, which are principally for paupers, the county or borough asylums; there are licensed houses with or without paupers and hospitals; and there are houses for single patients; no person can receive more than one patient into any house, if he derive profit from receiving such patient, unless he have a licence. That is the great principle that governs private asylum; of course, the county asylums and hospitals are not included, because they are not institutions from which the superintending parties derive any profit. Now I should

mention that the licence has always been a subject of the greatest anxiety with the Commissioners, and their desire always has been to select the very best persons they could find, to be intrusted with so important a charge. I have already stated that there were four places for the reception of lunatics; 1st, asylums; 2nd, licensed houses; 3rd, hospitals; 4th, houses for single patients. The county asylums, and borough asylums, are beyond our jurisdiction, except in this way, that we are bound by statute to visit them once a year, but we have little or no authority there. They do not require a licence, but it is for us to grant a licence in the metropolitan houses, and therefore we are directly responsible for those houses; and I am anxious to show the character of the licence, and the anxiety that we have to give it to proper people; and impediments that stand in our way. When an application is made by a party desiring to open a house, he is bound to give 14 days' notice to the Commissioners, and with that to send a plan of the house, and to state all other circumstances that might be required. The object of the Commissioners of course is, that in every instance, if possible, the house should be in a good situation, properly fitted, and sufficiently capacious. We do not make it a rule to grant a licence to any applicant however good he may be, unless we think there is some necessity for it, or unless there is a sufficient demand to justify the opening of a new house; it is not desirable to multiply the number of private asylums, and therefore we always make inquiries, in order to ascertain whether there is a positive necessity for the erection of, or the opening of a new house. The conditions of attainment are comparatively easy. They are to get a house in a good situation, to have it properly fitted up, and to see that everything is properly prepared for the reception of lunatics. Then comes the great and leading difficulty, which is to find a proper person to have charge of such an establishment; that is the great and leading difficulty. Now, generally speaking, one would say, that medical men would be the fittest persons to be the proprietors of these houses, and to have the entire charge of them; but it too often happens that the fittest medical men have no capital at all, and they have not the means of undertaking this charge, whereas, other persons who really are not fit to have the charge themselves have the capital. We therefore are constantly driven to this necessity. It becomes indispensably necessary that a house should be opened in this or that locality. The public demand is such, that there must be a

receptacle for patients, and you cannot find persons who come up to all your notions of fitness, and who have at the same time the means. A man must have a certain amount of capital, £5,000 or £6,000, to open a house, and to carry it on with comfort and propriety. Therefore we are constantly driven to this state of things, which we never like, but which we cannot get rid of, and never shall. We are obliged to give the licence to a capitalist, upon the condition that he has there a medical man, who shall be his superintendent, and undertake the charge of the house; but that is not a state of things that one desires; for the medical man is not at the head of the house, and not being altogether the responsible person, do what he will, not being the proprietor, he cannot altogether have his own way, and a hybrid state of things arises out of the difficulties I have mentioned. The proper men have not the capital, and those who have the capital are not the proper persons; therefore we must counteract this evil by giving the licence to the latter, and letting some medical man reside in the house. Where the person applying for a licence is a capitalist, we require that a proper medical superintendent should be appointed to reside. Latterly we have always required that his name should be given in, but it is a great stretch of power. We require the name of the person to be given, and time to inquire into his qualifications. It is of great importance that the Medical Superintendent should be entirely independent of the proprietor. The Medical Superintendent ought to be lord paramount. Considering the most serious and solemn responsibility connected with the governing power in an asylum, the Medical Superintendent ought to be the lord paramount, and be able to order what he pleases for the patients, with regard to diet, clothing, and general care, and in the adaptation of their rooms; he should have the nomination of all the attendants, with power to appoint them and dismiss them, and there ought to be no appeal from him. We insist upon the residence of the medical man where the patients exceed a certain number, but where the patients are very few, only ten or twelve, we do not; and there again is another evil of this system, that as these licences are granted to persons and the law recognizes their right to make a profit, we are bound to have some consideration for the limited means of the parties, and not impose upon them such conditions that would eat up their profit. The number of these licences within the metropolitan district is 37. The number has increased, but it is not increasing very rapidly now. We have sometimes given

licences to women. There are many asylums in which three or four ladies are received, and there is a lady at the head of it; and some of them conduct their asylums very well, and these are visited daily by a medical man.

Is it not the fact, that in a case where the medical man is under the proprietor, he is, in fact, liable to be very much influenced by the proprietor of the asylum?—There is no doubt about it; and it is not the true position that a medical man ought to occupy. The medical profession stands too high to be placed in that position; and they are under influences which they cannot resist. I have reason to speak in the highest terms of estimation of some of the medical men in charge of these asylums, and I can only deeply deplore that they are not placed in their true position. We insist upon the residence of some one person, whose name is in the licence; but there is no doubt about this, that henceforward there ought to be a most stringent rule, and I think it would be better that it should be embodied in an Act of Parliament, rather than that it should be left to the discretion of the Commissioners, because it is possible that their discretion might be questioned, that the proprietors should be compelled to reside, and if there are joint proprietors, as is often the case, that one of those joint proprietors should reside. There is a very great abuse, which is that some large proprietors have three or four great houses, and residing in no one of them. If you have the proprietor upon the spot, there are ten thousand influences that bring matters into a far better condition; and there are many other abuses which might be obviated, and some of the most serious description, by making at least one of the proprietors resident. In a case where the proprietor is a medical man, I have no objection that he should be the sole medical officer of the establishment. If the number be limited, if it is a small establishment, one man would be quite sufficient. I am now stating the case as it is, and the amendments that I think ought to be proposed upon the supposition that the present state of things will prevail, but I feel strongly that the whole system of private asylums is utterly abominable and indefensible. By and by I wish to lay my views before the committee upon the subject of private asylums. Under the system of recognizing houses to be opened for the purpose of profit, the consequence is, that there are a great number of very poor places that have been licensed for years past, and it is extremely difficult to refuse a renewal of a licence, because the principle of receiving a profit from

patients has been recognised by the Legislature; and in some of those houses which have been licensed for years, to say that no licence should be granted, would have the effect of reducing many families to absolute beggary.

There being no palpable abuse in those houses?—No; not beyond the general unfitness of the house, and the people who have charge of the patients. If we discover any abuse, then we remedy it, and we have often refused to renew a licence; and, in some instances, although very rarely, we have revoked them, but that has been where there has been something so notorious, or, in other cases, where persons have shown such general incompetency, that it would have been most improper to renew their licence. In many cases you shrug your shoulders, and say, "What a sad place this is, and what a poor person is at the head of it;" but you cannot say to that person, "Though you have been guilty of no offence, yet I will reduce you to absolute beggary:" and this is one of the evils of the system. When we want to introduce any improvements into a house we constantly make our recommendations, and issue our orders, and we wait sometimes years and years before we can get all these recommendations carried into effect; and we have no intermediate penalty for neglect in the ruling of these asylums, and in the management by the proprietors of these asylums; we have no alternative. We must either let the licence go on, notwithstanding the contumacy of the man, or take away his licence.

Does not the threat of withdrawing the licence induce these persons to make the improvements which are essential?—In course of time it does; but I think that they cannot but feel that the punishment would so exceed the offence, that they trust to our not doing anything that will reduce them to beggary. Then, again, there are large houses encumbered with family arrangements; and there is one great house in London which has been the subject of family settlement for years, and there is no end of the debts and difficulties, and the annuities and settlements upon it. The payment for a licence is, in proportion to the number of patients, 2s 6d a head for pauper patients, and 10s a head for private patients, but not less than £15, and if the sums paid do not amount to £15, the money must be made up by the man taking the licence. I should say, upon the whole, that the provincial asylums are not increasing, that they are decreasing. A proved case of cruelty or ill-treatment would be a ground to forbid the renewal of the licence certainly;

and further than that, any proved case of cruelty or ill-treatment would lead to a revocation of the licence. We have not the power to revoke the licence, we must apply to the Lord Chancellor for that purpose; he can do it; we apply to the Lord Chancellor, and due notice must be given to the party, then the Chancellor receives our statement, and hears what the holder of the licence has to say, and then he determines accordingly. We have not revoked many licences; we did one a few years ago, in a case of most enormous cruelty, in which the proprietor as a punishment actually drew the teeth of one wretched patient; that came to our knowledge, and we instantly applied to the Lord Chancellor, and the licence was revoked. There have not been many cases of revocation on the ground of proved cruelty. Not many in proportion to the number of patients, at least speaking of those we have discovered; we cannot say what takes place in secret. The cases of cruelty where they do occur, in some instances may be chargeable upon the superintendence of the proprietors, but in a vast majority of cases they are chargeable upon the attendants, and it is the attendants who constitute the well-being or ill-being of an asylum, and that is a large reform necessary to be introduced; and a reform in the attendants is most indispensable. The Commissioners can recommend to the Lord Chancellor the revocation of a licence, where they think it necessary, not only in the metropolitan district, but with regard to the licensed houses throughout the country. Formerly they had no power of interfering with provincial licences at all, but now they have this power.

Do the observations which your Lordship has made, with regard to the licensed houses in the metropolis, equally apply to the licensed houses in other parts of the country?—I think they apply in an equal degree, but I think in some instances there are other influences at work which are not at work in the asylums under the Metropolitan Commission. I think there is a good deal of local influence at work, whereas we have no local influence at all over us; but I think that there may be some little local influences at work occasionally in the country, which induce people to take peculiar views; and rather to deceive themselves.

Do you approve of the working of the system, the visiting magistrates having the power to grant licenses?—Yes, I do upon the whole; I think it is an extremely desirable thing that we should enlist the magistracy of the country, as much as we can, in the superintendence of these matters. I think

it is of great importance to get the non-professional element at work. When the visiting magistrates were first appointed they did their work laxly, they did not seem to understand it, but of late years really many of them have done their work very well; they are very regular in their visits, and they make good reports, not so full as we do, but I think they are very much disposed to act in conformity with us, and we have of late had no collisions with them at all, and I think that we can speak with very great approbation of their labours.

Are you of opinion that the visiting magistrates residing near the spot, are likely to hear incidentally of abuses, and be able to represent to the Commissioners evils that they may perceive to exist in an establishment, which would not be perceptible to any officer who only made an occasional visitation?—I think so, and they are more likely to interfere.

Public attention was called to a case that occurred at Accombe House, near York—was there any difficulty in revoking that licence?—None at all.

Was it done, notwithstanding, by application to the Lord Chancellor?—Yes, by ourselves.

Had you any reason to believe that that house was ill-conducted before?—No, quite the contrary; we had no reason to believe that. Mr. Metcalfe had always borne a very good character, and he seemed to be a mild person enough; and the remarkable part of it is, that the lady in question had never at any one time, directly or indirectly, made the slightest complaint, either to the visitors, or to the visiting Commissioners, and they had had many conversations with her, and she appeared to be frank and open; but she never in any one instance made the slightest complaint.

Had she been seen by yourself?—Repeatedly by the Commissioners.

Do you believe that there was any neglect on the part of the visiting justices in that case?—No.

I do not think obtaining information from lunatic patients is a difficulty; no doubt patients are sometimes very reluctant, and they are very much afraid, lest what they say might operate injuriously upon their position. When we take the patients aside, they often open their hearts freely to us, and if any patient expresses any desire to see a Commissioner alone, he is allowed always to do so, and wherever there is any case in which we think there is the slightest ground for inquiry, we insist upon having the patient alone.

In respect to the testimony given by lunatics this is to be observed, that I have never been mistaken in it myself, and I think my colleagues will say the same; and that the testimony of a lunatic, in respect of himself, is to be received with many grains of allowance; but the testimony of a lunatic, in respect of others, is oftentimes of the most trustworthy character. Our duty is to see all the patients and see all the rooms, and every nook and corner, and every cellar and dusthole, We are not necessarily accompanied by any one; but sometimes, for convenience, we like to have the medical man with us. He tells us much about the case of each individual, and gives us much information. It is not a matter of necessity that he should accompany us; and very often the Commissioners go about without any one. It has often been the rule, when the Commissioners are about to visit any large asylum in London, or any very large asylum, that sometimes two and sometimes three Commissioners go together; and immediately on arriving, our great object is not to go in in a body, but to scatter ourselves over the asylum. One may undertake to examine the books, so as to see all the patients, and dot them down; another will go into the upper rooms, to see the state of the bedding; and another would go into the kitchen, and see the state of the food; so that we may take them as much by surprise as possible. They have made some night visitations in the country, and they have made two or three visitations in London, and I think with great advantage; but although I think we should some years ago have discovered most terrible enormities, we have not done so of late, we have only discovered very bad ventilation, and a great deal of bad smell. The state of the licensed houses, and the condition of the poorer patients has been inconceivably improved.

Do the Commissioners upon their visitations, ever compare the copy of admission papers with the original, to see that the copy is a real copy of the original?—I do not think that they do, it would be such heavy work to be carrying about all the copies of the number of admissions into private asylums; every year there are nearly 2,000.

Have you any reason to believe that the admissions are made irregularly, and that the certificates are either evaded, or neglected to be signed as required by law?—No, I do not believe that. I believe that in some instances we have detected this, and have punished accordingly. There has been a falsification of dates, but I do not think that there has been any falsification of facts.

Whose duty it is at your board to undertake the examination of these certificates?—It is the duty of the secretary; as all these come up, the secretary goes through them most minutely with our chief clerk, who is a man of very great experience, and it is a work of enormous labour; and then, if the certificates are correct, no further notice is taken, but if there is the slightest defect, it is brought before the board.

Is attention given to the substance, and also the form?—Attention is given to everything, and it constantly happens that the secretary reports to us, and says, Here is a certificate, and the facts assigned by the medical men, as proving the person to be a proper person to be confined, are so weak, that we must look into the matter; and we constantly do. We frequently send back a certificate and say, "This is insufficient." The medical men who give the certificate very often arrive at a right conclusion upon wrong premises. They are obliged to give their reasons, and their reasons are sometimes bad, although the conclusion is correct.

Does the medical superintendent of an institution when a patient is brought in, exercise any discretion as to the state of his mind, or is the patient received entirely upon the certificates of two medical men who have seen him before?—He is received entirely upon the certificates of the two medical men who have seen him before; but if a patient comes, and so it has happened in many instances, and it appears to the medical superintendent that really there is very weak ground for shutting him up, he would lose no time in communicating the fact to the Commissioners in Lunacy.

The statement which is required to be signed within seven days by the medical superintendent, operates to a certain extent as a check upon the certificate of the medical men, upon whose certificates he has been received?—Yes; it is in some respects a third certificate.

There is no discretionary power on the part of the proprietor to refuse a patient?—Yes, certainly. The certificates are not obligatory upon the proprietor, but they are his defence for receiving a patient; but if he does not choose to receive a patient, he would send him away; he might say, "I am full," or, "I do not want this patient;" or he might say, "I really cannot see that the patient is insane, and I do not choose to have such a person in my house;" and he can send him away.

I suppose the disposition generally is to admit the patient?—Yes; we send back these certificates, if we consider them inadequate and informal, as to the one or the other of the

facts adduced. We do that in virtue of the general powers that we have over the asylum, as we should refuse their licence if they did not conform to what we lay down, but we have no positive power by the Act of Parliament.

If there is no doubt about the facts, which is the most important part of the whole proceeding, is it not necessary that there should be some authority who might be put in motion by the relations, independent of the medical superintendent of the house, who might be interested in keeping a patient in, in order to see that the Commissioners were rightly informed with reference to the case of a patient who was confined?—If you could devise such a personage as that, it would no doubt be beneficial, but you must be careful, while you are endeavouring to protect the patient, that you do not throw too great impediments in the way of his being put under proper care ; for, not only are the public to be protected, but even in the interests of the patient you must not multiply the difficulty in determining the point when a person should be deprived of his natural liberty, and be subject to restraint and medical treatment. If you wait until the symptoms are so clear and so developed that there can be no doubt about it, then you will have waited till such a time that the man is probably become an incurable patient ; but if the case be taken in time, when the symptoms are only discernible to an experienced eye, and when they would not be discernible to an inexperienced one, the probability is that the man will be cured, and will return to society in the course of a very short time. It is remarkable to what an extent cures may be effected, if the cases be taken in hand within 3 or 4 months, or if they be taken within 12 months ; I am sure that all experienced men will tell you that fully 75 per cent. will be cured of cases taken within three months. Dr. Sutherland told me, in 1845, that he believed that in some instance, nearly 80 per cent. might be cured ; but the difficulty increases in proportion to the length of time that the patient has been under the disease ; and if you suffer the disease to go on and to exceed the 12 months, the probability is, that not three per cent. will ever be cured ; and therefore the difficulty is very great ; for while there is sometimes danger in shutting a person up ; there is also danger in not shutting him up at all, and thereby making the disease inveterate. I do not think, in my experience of nearly 30 years, a single case, or not more than one or two cases have occurred, in which any person has been shut up without some plausible grounds for his or her temporary confinement ;

but in every instance, with these exceptions, there have been certain plausible grounds in facts and in logic, sufficient to justify the temporary confinement of the persons and their being submitted to medical treatment. I believe that very few have been really shut up without cause, but I have no doubt that very many indeed have been detained beyond the time when they might have been set at liberty; I hope that we are reducing the number every day, yet I have no doubt that many are detained a long time indeed beyond the period when they should be set at liberty, but who were not received improperly originally; detained by proprietors, or detained through the non-intervention of their friends; but such is the melancholy condition of patients, that from the moment a patient is struck by this affliction of Providence, from that hour he becomes, civilly and morally, dead in respect to his relatives. All those motives that influence people whose relatives are in private asylums have little or no effect in public asylums. There the desire is to thrust them out too soon; it is the better extreme of the two.

Have you any reason to believe that there are cases of another kind, in which, owing to the difficulty of getting friends to interfere, patients continue at large when they ought to be subject to restraint?—A vast number of cases, and they are cases of a very sad and afflicting kind indeed. In the first place, a great many relatives are unwilling to have in their family the taint of insanity; they see the symptoms hourly more and more developed, and they will not apply to a medical man, and have these persons put under certificate, because they think that the moment the certificate has passed, from that hour the taint of insanity is upon the family, and it is impossible to describe the miseries that arise to the patient, and to families, in consequence. Just imagine what the effect must be in the largest establishment to have a wife a husband, a daughter, or a son insane. It operates injuriously in many ways; they are kept at home till they cannot be kept any longer; and the best course is a change of scene and circumstances; the patient ought to be removed from all around him, both for his own sake and that of his family, and particularly where there are young children, the presence of a mad person, or the disturbance he causes, is apt to produce most injurious effects upon the young imagination. One of the great difficulties in the way of placing persons under that restraint, which they clearly ought to be placed under, arises from this, that you must, in seeking for a certificate, apply, generally speaking, to the medical men in the neigh-

bourhood, Now the knowledge of lunacy among medical men is extremely limited indeed; it has never yet been made the subject of study, generally. Of course there are some who have attained to a very great degree of science and knowledge, and there are most eminent names in England at present; but people assume that because a man is a medical man, he must have a knowledge of lunacy, and they therefore apply to him for his opinion; but the fact is that a medical man has no more knowledge of lunacy than any other human being, unless he has made it his special study; it is a specialty, and as much requires minute study as anything else. For my own part I do not hesitate to say from very long experience, putting aside all its complications with bodily disorder, the mere judgment of the fact whether a man is in a state of unsound mind, and incapable of managing his own affairs, and going about the world requires no professional knowledge; my firm belief is, that a sensible layman, conversant with the world and with mankind, can give not only as good an opinion, but a better opinion than all the medical men put together; I am fully convinced of it.

Insanity is always accompanied, is it not, by a morbid condition of the brain?—It may be so or not; still it is not always apparent. Insanity is often accompanied with bodily derangements and symptoms which the medical man alone can deal with; but it is not in all cases the object so much to determine whether a man is out of his mind or not, as to tell whether a man, although being a little queer, as it is called, is capable of managing his own affairs. A man is not to be shut up because he is eccentric, or somewhat strange. If a man is altogether harmless, and capable of taking care of himself, and of managing his own affairs, and not in an early stage of the disorder, there is no reason why that man should be shut up.

But insanity is invariably accompanied, is it not, by a morbid condition of the brain?—I am afraid of going into that question. Many men say that there is such a thing as moral insanity, which is not connected with any functional disorder. However that may be, it is clear that the value of the certificate must depend upon the experience of the people who sign it. I hope that we shall see rise up a body of men who will have devoted their attention to the study of lunacy, and I think then that medical men will have been so much better instructed, as to be able to give a proper opinion.

Have you any suggestion to make with regard to the

certificate?—The only suggestion that I can make with regard to the certificate is this, that supposing the present system to go on, I think that some benefit would be gained by granting in the first instance, a certificate for only three months; now it is granted in perpetuity, so long as the patient is under the disorder; but in the first instance, I would have it given for only three months, and I think the effect would be to compel a revision of the case by the family, or friends; the relatives would then be obliged to look into the matter, as they would know that in all probability, if they did not do so, the patient would be returned upon their hands.

In order to justify the retention of a patient for more than three months, that form of certificate would have to be gone through again?—Yes, but only in one instance; I should not have it every three months; I should say that it would be necessary at the end of the first three months after the detention, that the certificate should be renewed.

Q. The way in which I have tried to provide for that was this: that there should be medical examiners independent of the commission, and to report upon the case within seven days to the Commissioners, and a separate report within three months from the time the medical examiner had made his examination; would that answer your purpose?—Not entirely; I understand that there will be very great opposition to that provision, and that provision could only have been considered, I think, as a sort of expedient to meet the temporary exhibition of feeling on the part of the public; but I do not think that it would work with any great benefit to the patient, neither do I think it would work with any injury to private houses. Again, the examiner must be taken from the same class of men as those who have signed the certificate. He must be some medical man in the neighbourhood, and he would be altogether a person of the same class, and therefore his opinion would be worth no more than the opinions of others. It would be only a third opinion apparently independent, but whether it would be so one cannot say. It is possible that a medical man living in the neighbourhood might be on bad terms with the proprietor of the house, or he might be on very good terms with him, in either case I do not think that his opinion would be of any great value. On the other hand, I do not see what injury it could do to the proprietor of the house, as it is limited to this, that within the first 24 hours he is to go there to see the patient, to make a report upon the state of the patient, and to make any further observations

that he might think necessary, but not to interfere with the house. I never contemplated a second visit of that examiner, and I think it would be injurious to give him thereby a *status* in the neighbourhood. I think it might operate injuriously, and as to the opinion that he would give in the first 24 hours, it would be worth little or nothing.

It is to be within seven days?—Then it will come precisely at the same time with the opinion of the superintendent.

But it would be a great check upon it, would it not?—Possibly; but it would be better, I think, to have them at two separate times.

What are the regulations within the metropolitan district, with reference to patients writing to their friends; are there any?—There are. It has been ruled in a court of law that the relatives have a right to come to an understanding with the proprietor of a house, and to put a limit, if they please, to the correspondence; and very often, I believe, a limit is put upon the correspondence; but there is no limit put upon the correspondence between the patients and the Commissioners; that is a thing that we never should tolerate. We believe, really, that no limit is put upon it, and that they do write to us, whenever they have occasion to do so, but if it went to such an extent that there would be hundreds of letters prepared by the patients in one week, it would of course be stopped. When letters are written I believe they reach their destination.

Does that remark apply to patients in provincial hospitals?—Yes, as far as we know; and when complaints are made, they will always complain that their grievances have not been heard, if they have not been attended to; but I dare say that very often they are prevented from writing to their friends, in a way that is really cruel and unjust; but I am sure, as to the Commissioners, that there is no limitation at all.

Ought not that to be inquired into?—It is a thing that we inquire into very much; and, among the rest, we inquire very much whether the friends have visited the patients, and I am sorry to say that the answer, in most cases, is that the friends have taken little or no care of them, and that is one of the most melancholy circumstances with regard to these afflicted patients. As I said before, a patient becomes morally dead in the estimation of his relatives; they think that he has brought the taint of insanity upon them; partly the heart is seared, and partly they are afraid,

or in a confused and agitated state, and the result is, that the wretched patient is in some instances altogether abandoned. In some cases, many relations discharge their duties in a most affectionate manner; but a large proportion of them do no such thing, and in case of any Act being passed, I think there should be a compulsory clause, making it obligatory on relatives either by themselves or by their agents, to visit their friends when shut up in an asylum. The 9th of George the 4th, chapter 4, is the Act that was introduced into Parliament by Mr. Gordon, to whom we are so much indebted, who was indeed the beginner of efficient legislation upon this matter, who moved for a Committee in 1827, the Bill being passed in 1829, and there was this clause in it, the 36th, "Be it further enacted, that the person by whom, or by whose authority such patient shall have been delivered to the care of the keeper in any such house, shall in person, or by some person duly appointed by him in writing under his hand and seal, such appointment to be renewed for each time, visit the patient so delivered as aforesaid, once at least in every six months during his confinement, and shall enter in the journal kept at such house for registering the visits of the Commissioners or visitors respectively, as hereinbefore directed, his name and the date of his visit." It is not in the present Act.

Do not you know that medical men in general throw every impediment and discouragement in the way of persons seeing their insane relations?—I would not go so far as to say that, but I have no doubt that many of them would be unwilling that the friends should come too often. I have no doubt of that, and perhaps that may account for their friends not showing the same zeal that they ought to do.

Do you mean unwilling on medical grounds?—They would assign medical grounds. There are some instances no doubt, in which the presence of relatives might be injurious, particularly in the case of a husband seeing his wife, or a wife seeing her husband; sometimes the excitement is dreadful; or when enmity is entertained by one towards another, it throws them into excitement, and there are many times medical reasons, but sometimes there are not.

I should draw the attention of the committee to this, in order to show our operation in respect to discharges. We have sometimes exercised our power of discharging a patient, but we have effected very many discharges in a different way. When we have been convinced that a patient had reached that point, that he could safely be set at liberty, we

have made it almost the invariable rule to write to the relatives, or to the party who put the patient in, and have said, "this patient is fit to be taken out, will you have the grace, and the decency, and the propriety of doing it yourself." It is a very sad thing, but it is not to be prevented, but a sore place will remain for years afterwards in the mind of a patient who has been shut up; he is sure to charge it upon his relatives that they were indifferent to his welfare, and therefore our object has been to restore harmony amongst them as much as we can. We write to the relatives, and implore them to have the grace of doing the act themselves, so that they may appear before the patient, not only as the parties who put him in, but as the parties who took him out, and in that way we have been very successful. A great number of relatives have taken them out in that way, and I do believe that it has restored harmony amongst them. When we find them contumacious, we act upon our authority, and a case occurred a few years ago, in which a father was most obstinate and unreasonable, and we were obliged to say, "If this is the case, we will discharge the lady, and there will be an end of the matter;" and we did discharge her. It is a power of the greatest possible value to give temporary absence in order that the patient may go down to the sea, or travel about, and it has had the most beneficial effect; the other power to send them out upon trial, we have not got; that is a different thing, but we hope to get it under Mr. Walpole's Bill. It would be of immense value for all classes, and especially for the paupers to be able to let a poor lunatic go out upon trial, provided that he should have some subsistence from the parish. I do not know any one thing that has operated so beneficially in the case of lunacy, as the power that we now exercise of transferring patients from one asylum to another. Many a time we have found patients moping and miserable, and we have transferred them to another asylum, and the change of scene and circumstances has operated so beneficially, that a man has seemed to live again. You cannot estimate the value of one house over another by the number of cures that are effected in one, nor say that one is worse than another because there are many more deaths in it. You must bear in mind the state in which the patients are admitted. Some asylums receive a number of old chronic cases and some others receive only curable cases, and when you come to the deaths, you will find that in county asylums a vast number of patients are admitted in a dying state, and one county

asylum would appear to have an enormous mortality, while another would appear to have none at all, and yet the one with the greater mortality might be the better asylum of the two, it depends upon the state of the patients when they are admitted. We have statements constantly coming up, showing that a patient has been admitted in a dying state. I think it would be very desirable if we could have proper statistics on insanity drawn up and put upon a good footing. It would require great trouble and expense; but I think it would be worth the trouble and expense, if it could be put into the hands of some competent persons; and I have no doubt that some most remarkable results would be brought out. In our department we have got a great deal too much to do; the Commissioners are constantly at work, and the clerks too.

Having closed your observations upon the licensed houses, will you now go into the next part of the case, viz:—Houses for single patients?—Yes; our power is to visit them once in a year, and to ascertain whether the patients are under certificate—it is only in that case that we have power to visit them.

You do not know necessarily how many houses there are with single patients?—We have no sufficient knowledge of that and we have spent years and years in endeavouring to learn it. I am certain that there are hundreds of persons called single patients of whom we have no knowledge whatever, and during the early periods of legislation, single patients were hardly even mentioned. By the first Act a record of single patients was sent to the Secretary of the Commissioners in Lunacy, who was bound to keep the whole thing under lock and key, and not to show it, except to the Lord Chancellor. It was of no value at all, and no person was compelled to send a record to the Secretary unless a patient was under his charge 11 months, and we found this to be the consequence, that they kept a patient under their charge for $10\frac{1}{2}$ months, and then shifted him to another house.

A return ought to be made to the Commissioners of every patient in every one of those houses?—Yes, it ought to be compulsory; then the next process by the Act 1845, was, that a private committee was formed, which consisted of three members, the chairman, myself being one, and we were to have a knowledge of the private patients, and to visit them once a year. That lasted for some time, but it was found to work very ill; the three Commissioners could not do the duty, and it was extremely awkward to have secrets within secrets. Then it was extended and thrown open to the whole Commission,

and therefore the whole Commission have such a knowledge as they can get of single patients ; but we have no right to visit the single patients unless they are under certificate. We believe that there are a vast number of actual lunatics who ought to be under certificate, who are detained in single houses, and we believe that although the condition of some of them is pretty good, the condition of others of them is extremely bad.

You spoke of them as being under certificate ; what authorises the reception of a patient into one of these houses, and his confinement there under restraint ?—If a person be in such a state that he is decidedly lunatic, he ought to be under certificate, and it would be the duty of the person taking charge of such a person for profit to notify that to us ; but they receive them under various pretexts, under the title of nervous patients, and many things of that sort ; they say that a man is not a lunatic. Suppose a patient is received as a nervous patient, no notice by law is required by the Commissioners, what is it that defines a lunatic, and requires a notice to be given ?—Until we can see and judge for ourselves, it is nothing more than the good intentions or convictions of the man who receives him, or the doctor who attends him, but we are entirely at the mercy of those people.

There is no statutory provision requiring the owner of any house to communicate with you in those cases ?—No ; unless a person is confessedly mad, and the doctors had declared him such. We, in many instances, have visited single patients in that condition, and have ordered that then they should be put under certificate.

Have you the power to visit, in cases with respect to which you have received no notice, on suspicion ?—The Lord Chancellor can give us authority.

With regard to those that you do visit, how do you find they are taken care of, as compared with those of the licensed houses ?—Now they are in a much better state than they used to be ; the responsibility is so great ; and they are mostly persons in a better condition, and some are very comfortable, and living quite happily. In other cases, there is a great deal of neglect and inattention ; but, upon the whole, they are in a very fair condition, but there are a great number of whom we know nothing, and who I believe are in a very bad condition.

Are they all under medical care ?—Many of them are

under merely the care of the person who receives them ; they ought to be under medical care.

Under what degree of restraint are they ?—That varies very much indeed ; sometimes they are allowed to go about in a garden, and allowed to walk out by themselves ; but that varies much according to their condition. Some of these are patients who, I believe, in many cases are under as much restraint as if they were in an asylum.

Have you any power to transfer a patient from a house of that kind to a licensed asylum ?—Upon a reference to the Lord Chancellor ; we could not on our own authority. I was asked whether the condition of things was now better than it was, and I do not hesitate to say, both with respect to public asylums and private asylums, the difference is so great, that we cannot be sufficiently thankful for it, in every possible respect, both moral and physical ; the difference is perfectly indescribable. I do not believe that any person could well describe it, except those who have been conversant with it. But that is no argument why we should not go a very great deal further, and endeavour to arrive at a higher standard.

Do you think the single system an advantageous one for patients ?—No, it is in many instances the very worst ; and from the bottom of my heart, I would advise anybody, if it should please Providence to afflict any member of his family, to send him or her to a private asylum, or if my own wife or daughter were so afflicted, and if I could not keep her in my own house, under my own eye, I would send her to a private asylum ; to a good private asylum, because there are most remarkable examples of excellence and comfort among them.

With regard to the houses in which single patients are kept, what is the state of the law with regard to those houses ; what superintendence have the Commissioners over them ; what means of ascertaining how many there are, and how are they looked after ? We have no power to visit a patient until such time as he is under certificate ; we have no power of ascertaining whether the person ought or ought not to be under certificate, and, therefore, of course, it rests in the breast of the medical man whether he will put him under certificate or not. We have every reason to believe that a very large number who ought to be under certificate are entirely hidden from our view. By degrees we have discovered a good many, and have compelled the medical men or their relatives to put them under certificate, and they are now

constantly visited ; but there are a vast number of whom we have no knowledge. We have no means of arriving at it, and we have advertised and used all sorts of agency to discover such persons. In a great many instances where we have discovered them, we have found that they were acting in complete ignorance of the law, and we have in such cases said, "If you will put the parties under certificate, we will not put the powers of the law in force against you." These patients require more than any other the superintendence and care of the law, because they are the most unprotected and the least known ; and even when they are known, they are the most difficult of frequent access ; they are scattered in all directions. It often costs one of the Commissioners a whole day to see a single patient, and having given that patient the benefit of his visit, he might, should he wish to see another single patient, have to go off in an opposite direction, perhaps 100 miles. Now all domestic rights are respected ; there is no power directly of obtaining access to a private house, where a patient is kept under the charge of his own family ; and it is only in a case where a patient is put out for profit, that we can, upon application to the Chancellor, obtain access to a house, where we have reasonable ground to believe there is a patient restrained, and who ought to be under certificate. But not only in the first place is it difficult to ascertain where such patients are, but it is also difficult afterwards, as we must have good testimony to induce the Chancellor to give us a right to enter a private house, and make an examination accordingly. The past condition of these patients has been very bad, but I believe that the influence of public opinion, and the activity that we have employed, has bettered the condition of a good many of them ; certainly it has bettered the condition of those who are under visitation ; but knowing what has taken place, before they were under visitation, we are led to infer that the very same enormities may take place in respect of those who are not under visitation. The number with respect to whom the law has been complied with is 124. The number has been gradually increasing for some years ; we did not at one time know of more than 30 or 40 ; sometimes they are in private families, and sometimes they are in the houses of medical men ; and where they are in the houses of medical men, as far as we know, they are upon the whole well treated ; but where they are put out, merely under the charge of attendants, I know of my own knowledge, from communications made to me by persons who

have been rescued from these dens of suffering, that what they had endured has been something dreadful. We have not prosecuted any one under the 90th section. It is constantly the wish of families to avoid making patients certificated lunatics; and it is to defend the wretched patients from the understanding between the medical man and the family that we desire to have the interposition of the law. We have a case before us at the present time, in which a gentleman has placed his wife as a single patient; and in order that she may be as far removed from him as possible, he has sent her into a distant county, and for two years he has neither seen her nor inquired about her.

In those cases where it is required that entries of certain particulars should be made, has that requirement been observed?—In some cases it has, but in the great majority of cases it has been neglected. The truth must be told, and I must say that we, the Commissioners, have erred upon the side of lenity in many instances. We have endeavoured year by year to do things by persuasion until I have lost all patience. We have erred on the side of lenity in respect of licensed houses and those who receive single patients, and I am very sorry for it.

This section seems so easy to evade: anybody who receives a lunatic, or an alleged lunatic, is brought under the operation of this section, but any person wishing to evade it would say, "Take the custody of this patient; I do not think he is a lunatic, but I think he requires care"—Quite so. The Committee must have seen advertisements in the public papers from gentlemen advertising to take nervous patients, which is one of the greatest difficulties we have to contend with. We ought to know not only of those who are decidedly lunatic and fit to be under certificate; but we ought to know the fact of any person being received in a house for the profit of the medical man or any other under the title of a nervous patient. It ought to be known, that we might have the power of ascertaining whether such patient ought to be under a certificate or not.

It would seem that whenever a person is put under surveillance, it is not too much for the Legislature to require information of that fact?—I think that the honourable member has put it on the true principle; so long as a patient is kept within the walls of his own house under the care of his wife, or if it be a wife under the charge of her husband, I do not think that public opinion is ripe for allowing any one to go into it. I do not say whether it would be right or wrong, but I am sure that public opinion is not ripe for that, to introduce

a new power to enter domestic establishments. If they choose to take charge of patients themselves they are right, if it is necessary for their own happiness and comfort ; but if they put them under the charge of another, then I think that the law has a right to come in and see that there is no undue power exercised over the personal liberty and comfort of the sufferer.

Have there not been many cases of that kind in the lower ranks of life, in which, in order to avoid expense, persons of unsound mind have been detained by their own friends, and subjected to very bad treatment ?—Yes, a vast number of such cases. The cases that we brought out of that description in the report of 1844 in Wales were very shocking ; I can conceive nothing so horrible as the state in which that class of patients has been found. I am not contemplating a compulsory law ; I only wish to point out the evil condition of the single patients, showing that in consequence of their evil condition the law ought to interpose, and to give all the protection that it could, and I only venture to say, as the result of our experience, the security of private asylums is infinitely better than that of the single houses. I do not contemplate any compulsory powers ; all that I contemplate is, that we should have a knowledge of the parties under charge, not with a view of sending them to an asylum, but to ascertain whether they were properly or improperly restrained. If you could find any intermediate expressions that would answer the purpose, it would be a good thing ; for relatives are unwilling, not only to fix upon a family the taint of insanity, but there is also this feeling, and a very proper one it is, they are in hopes that the patient may be soon cured, and they would not wish that he should turn round, and say, “ See with what haste you have stamped upon me the mark of insanity ; if you had had a little patience I might not have borne this mark ; ” and it is this that constitutes the extreme delicacy of the question. It is the most delicate question that we have to handle. I know of nothing so painful or that causes so much consideration and reflection, and so much doubt and misgiving, because you have this before you, that you may hastily fix the taint of insanity upon a family, and upon the man himself, and you may also shut him up ; and yet, on the other hand, if you do not do it, you may allow the disease to become inveterate, and then he may remain incurable for the rest of his life. Our view of the question is, that there should be some power given of compelling all medical men or attendants, or others appointed by medical men, who receive any patient whatever for profit, that they

should be compelled to give us notice of the reception of such patient. Any lunatic patient? Yes, in a single house, at least I will not say lunatic, because that begs the whole question, but still that we should have a right to judge whether they ought to be put under certificate. Take the class called nervous patients, who in some instances are only in a state, sometimes of high excitement, and sometimes of low depression; a little medical treatment would put that all to rights; in other instances nervous people are upon the very verge of insanity. I think we must have a register in some manner. It might be said that the medical man was not to make any return for the first three months; and there might be a case of brain fever that would be over in three months; but if at the end of three months the patient continued in a low nervous state, or in a state of mental aberration, I do think that some notice ought to be given to the Commissioners. It is a matter of the strictest privacy; not another human being knows it; and all that the Commissioners require is, that they may have the power of going to see what is the condition of the patient. All that the Commissioners require is this; there are a vast number of what are called nervous patients, and we have no jurisdiction over them; we believe that a vast number of those patients so received are lunatics, who ought to be under certificate, and under our jurisdiction and visitation; but how are we to arrive at a knowledge of the places and the circumstances in which these various patients are confined? All that we require is, and it seems a very small requirement, that any medical man or other man receiving patients under the appellation of nervous patients should, after the expiration of three months, make known to the Commissioners in Lunacy that he has such a patient in his charge, and that the Commissioners, upon that, should have the power to go down and ascertain what is the state of mind of the patient, and determine whether that patient should or should not be put under certificate, according to their decision whether he is a lunatic or a nervous patient.

If a medical man receives a patient, not under the name of a nervous patient, but under some other name, how could you ascertain that fact a bit more under your proposed new law, where there was a patient who ought to be certificated?—That is a difficulty that suggested itself to me when the clause was drawn, that if we use the word “nervous,” they would use some other, and thereby evade the law. But it is a

term which has passed completely into the formularies of medical men, and I am convinced that if the law required that course to be taken, that in a vast number of instances, the medical men would give evidence as to the patients that were under their charge.

Is it practicable or not to require that medical men should report to some authority, say to a medical board, all patients whom they might take into their house for profit, distinguishing the malady of the patient and thus enabling them to say that the patient was a nervous patient, without making the case exceptional?—Yes, and that is pretty nearly what I was saying; and then upon the receipt of that notice the Commissioners would go and see the patient, and if they found that he was really as stated by the medical man, simply a nervous patient, we should have nothing more to do with it. I do not know that the medical profession would object to notify to us in all cases; and if they said this is a case of a common disorder, it is a case of an abscess, or the patient has a bad foot, of course we should not interfere.

Although we are bound to say of the 124 cases that we know of, that no doubt some of them are living comfortably and peacefully under charge; yet we have discovered such cases that we have a right to assume, where there is no supervision, and no care, that the same enormities will prevail, and I have no doubt that there is going on now, in many parts of England, what we know went on a very short time ago. I will mention to the Committee what a gentleman related to me: he was a man of considerable ability; he was afflicted by brain fever, and nothing more than that; he never had an attack of lunacy before, and he never had an attack afterwards; but he was afflicted by brain fever, and he was put under the charge of a medical man in London; one of those medical men who have a vast number of these houses in charge of attendants, to whom they consign A. B. and C.; he was put under the charge of one of these attendants, and detained a few months, and then liberated; and the account which he gave to me about six or seven years ago would hardly be credited. He showed to me the scars on his legs, where the ropes had cut into the calves of his legs, and into his ankles; he stated that he was left under the charge of attendants, and they strapped him down in his bed for 24 hours together, and that they would bring into the room women of the town, and others to smoke and drink, while he lay there on his bed: he recovered, and was liberated, and he gave that account to

me of what he had endured, and this is an instance of the treatment of a man being consigned to the charge of attendants.

Could that state of things exist if proper care was taken by the friends by whom they are confined, that the treatment of the medical man was proper ; does not it imply great neglect on the part of the friends ?—No ; not altogether ; except it may to this extent, that the friends do not see him every day or every week. A medical gentleman, in one instance, has as many as from 30 to 40 houses in which he puts his attendants, and when a patient is brought under his care, as a single patient, he is consigned to one of those houses ; and it must be remembered that there are two parties to receive profit in that case, that is, the physician and the attendant who has the charge of him. The attendant is the person who generally receives the patient into his own house, and has himself to furnish the house ; and therefore the medical man having the charge is able to say, "This is not my house," and, in fact, it is not ; but it is his man's, and the man bears the whole expenses.

Is it not necessary that the visitors should possess some tact in making their visits to large asylums, where there are many keepers and nurses walking about, and somehow or other to get hold of the patients out of the sight and beyond the influence, so to speak, of the attendants ?—Yes ; it requires a great deal of dexterity in visiting them, but I am happy to say, that I think our Commissioners do visit with a great deal of skill. In the first place, two of our Medical Commissioners are men who were in charge of very large lunatic asylums themselves ; Mr. Gaskell superintended the Lancaster Asylum, and Mr. Wilkes the asylum at Stafford, and, therefore, they have very considerable experience of the whole thing. There is a very great desire always to get rid of the medical man and the attendants, with the view of getting the patients entirely to ourselves. I have always found that one way of arriving at a conclusion as to whether patients are kindly treated or not, is to observe the manner of the patients towards the attendants and towards the medical men. Insane persons do not practise much dissimulation ; they show pretty well by their manner what is passing in their minds, and if upon going into a ward, you find all the patients thronging round the medical man and taking his hand, and asking him questions, and the same with the nurses and the attendants, you may feel sure that there is kindness shown to them. On the other hand, if you see them retreating into a corner, looking distressed, and you see them

casting glances out of the corners of their eyes, that always excites in me a desire to make further inquiry. The qualifications for male and female attendants, both in public and private asylums, should be of the very highest order, for just see to what they are exposed; what a trial it is of their strength and their health, their patience and their forbearance; see how their judgment must be put to the test repeatedly. They ought to be persons able to bear a good deal without exhibiting the slightest temper or the slightest spirit of retaliation, for the temptations to strike patients in return for blows is very great; and where they are noisy, and fractious, and troublesome in the extreme, none but those persons can know what the forbearance is that is requisite to manage these persons by gentleness, and to beat down their frowardness by general kindness, and all this requires a great degree of judgment and forbearance.

Do you find more difficulty in procuring efficient male or female nurses?—I think a greater difficulty in procuring good men. The tendency of woman's nature is to nurse and take care of others, and therefore you have a good preliminary principle to start upon.

Do you think, looking to the interests of the patients only, the number of the attendants is insufficient, and their character is not sufficiently high?—Most undoubtedly; and the tendency in licensed houses is, on the part of the proprietors, to bring down the wages to the lowest point; and really I believe, in 99 cases out of 100, you will find that the happiness or the unhappiness, the comfort or the discomfort, the cure or the perpetuation of the malady, depend upon the character and conduct of the attendants. The medical man only sees them at stated intervals, but the attendant has the power of harassing, vexing, and annoying the patients, and retarding in every possible way their cure, at every instant of the day and the night.

Does your Lordship consider that the morals of the female attendants are necessarily lowered by the conversation which they are obliged constantly to hear?—There is no doubt about it; that it operates most injuriously, morally and physically, upon both the male and female attendants, because there is no doubt that the effect upon the attendants themselves is so decided in many instances as to give to many a predisposition, and to produce in many the actual development of lunacy. We have seen it in the medical men, and there is nothing more harassing to the human mind than to be perpetually in the presence of disordered intellects; they have no repose

night or day ; it bears down everything that is great in human nature ; and therefore I must say that, taking it altogether, I am filled with astonishment at the number of good instances there are of kindness and forbearance.

Are the attendants often changed ?—Very frequently.

What becomes of those who go away ?—They go to other asylums, generally speaking.

Can your Lordship suggest any means by which power should be given to compel the employment of a higher class of attendants, which can only be done by giving a higher rate of salary, as there is always a tendency, on the part of the rate-payers, if not to depress the rate of wages in public asylums as there is in private houses, on the score of profit, still to make a tremendous outcry if there are any great expenses incurred ?—I do not see how we can do it in licensed houses, except by compelling them to take servants with higher qualifications ; and if we did so, they must pay them much higher wages.

Probably the attendants are better in the licensed houses ?—They are more in number, but even then they are not what they ought to be ; and a case came before us the other day at our board ; a very respectable man wrote to me a private letter, and said that he had been long liberated from an asylum, but he wished very much to open his heart to me, and to state a few things. His letter was so simple that I thought it desirable that he should come to the board and give us some information, he came, and his demeanour was calm and sensible. He admitted that he had been once out of his mind, but he said he wished to give us some information, and he told us many things ; and he went on to say that the source of all the suffering and misery in the private asylums that he had known was the attendants, and not generally the head of the establishment ; that they were the source of all the sufferings and misery ; and that I believe to be the case ; and I am sure until you can get a class who shall have some sense of responsibility, and will do their duty to these wretched patients when the eye of authority is not over them, that the whole system of these licensed houses, although better than it was, yet at its very best will be detestable.

What is the condition of the criminal lunatics ? Is their treatment the same as that of others ?—Yes, precisely so ; but their presence in lunatic asylums is a very great annoyance, because these criminal lunatics must be treated in a somewhat different way. There are many of them with much more reason than the others, and, therefore, they have a

greater power of combination, and their presence in an asylum is a very serious thing, as it compels the keeper of that asylum to put the asylum more upon the footing of a prison.

It would be an advantage with regard to the other inmates that these prisoners should be collected in one asylum instead of being mixed up with others?—Of the greatest advantage.

Would it be an advantage also with respect to themselves?—Yes, and to the other lunatics also.

And it becomes a very serious question when those criminal lunatics have committed the gravest of all crimes to know whether, in a state of freedom, a man may not commit the crime again, and other lives be imperilled?—It is the most difficult of all questions; it is one that we have constantly referred to us, although we have no jurisdiction in the matter; but the various Secretaries of State have referred to us cases for our opinion, and we have been obliged to consider the matter, and we have confined our opinion to this point. We have stated that we thought such a person could safely or not safely be liberated, but we have not gone any further into the question. That seems to be one of the most important considerations, namely, what will be the moral effect of liberating such personages. It was not our duty to go into it, it is altogether a most difficult question. I have no doubt that there are many criminal lunatics who might be set at liberty, and I dare say that they would go through life quietly; some of them might be very troublesome, but I have no doubt that there are a good many who might be liberated with tolerable safety to themselves and safety to others, but then it becomes a very serious question what is to be the moral effect upon the public at large.

You speak of those who have committed very serious crimes?—Yes; there are cases in which we have not so much doubt, taking the moral sense of it; in cases of women who, under puerperal mania, have been guilty of infanticide. In a good many instances, we have found such women who have passed the age of child-bearing, and, in one instance, we went so far as to take the initiative and to write to the Secretary of State, and said that this was a case of a woman 53 years of age, and we thought that she might be safely sent back to the world.

I think your Lordship stated that there was a great difficulty as to liberating criminal lunatics who have been guilty of great crimes; are you aware whether any criminal lunatic has ever been liberated who has been guilty of murder?—Yes; one was liberated the other day; she was a maid in a family at Greenwich, and she had cut off the head of her employer's

child ; that was in the year 1848, and I think she was liberated the other day.

Are you aware whether the practice of the Secretary of State has not been to require, in addition to the ordinary certificate of present sanity, some medical evidence, satisfactory to him, that the cause of the insanity was not likely to recur, and that the liberation could take place without any reasonable ground for apprehending a recurrence of the crime?—Yes ; and I think that the Secretaries of State have taken great care as to this matter, that they have taken every security that the certificate should be such as to guard the public against a recurrence of the crime in that person ; but that does not touch the question that we have discussed, namely, the moral or political effect upon the public mind.

Is your Lordship of opinion that in the case of murder being committed under immediate access of disease, such as brain fever, where a prisoner was so rapidly cured as to be sane on his trial, that that person should be confined for the rest of his life in a lunatic asylum, even though the medical authority declared him to be sane?—In the sense of punishment, and with a view to the effect to be produced upon the public mind, whether persons who have been guilty of murder should be let at large, I do not know what opinion to give ; but if I were Secretary of State, I suppose I should have a decided opinion upon it. I am unwilling to say that in every instance, a man should be condemned to imprisonment for life because he had committed, however fearful an act, in a sudden aberration of mind. That must be left, I think, to the discretion of the Secretary of State ; but then it is becoming more delicate and complicated every day, because, it will be observed, that the medical men who are called to give evidence, in 99 cases out of 100, give evidence in favour of insanity, and persons who have any great crime to perpetrate know that very well. I am told that there is one medical man, of considerable reputation, who has openly said that it is his rule always to give evidence in favour of insanity, as he has such an opinion of the general misconstruction of the whole human mind ; and even when it is not so, see how juries are influenced by the profession. They bring in other arguments which perplex the jury very much, who are told that the man is not absolutely insane, but that he is labouring under the effect of an impulse that he cannot control. I must say that the medical men oftentimes talk an immense amount of non-

sense when they come before juries, and I believe that that is the received opinion.

I am certain, that those who have to determine these cases, the discharge of criminal lunatics, should make minute inquiry into this point, and endeavour to ascertain whether the patient has any sense of the crime he has committed; if you find a patient who has committed murder, and at the end of eight or ten years, a report be that he may be set at liberty, make further inquiry, and see whether the patient has any sense of the crime he has committed, and if he has none, think that that man is insecure; but if he has a deep sense of it, and feels remorse for the crime he has committed, although it may have been done in ignorance, we may have far greater hope of that man.

What is the next point that your Lordship wishes to go into?—The next thing I think will be to go into the whole principle upon which the private licensed houses are founded.

What remarks has your Lordship to make upon that point?—It is the result of very long experience in these matters, that a large proportion of the difficulties in legislation, and almost all the complications that we have to contend with, or to obviate, arise from the principle on which these licensed houses are founded. The licensed houses are founded upon the principle of profit to the proprietor, and the consequence is, that any speculator who undertakes them having a view to profit is always eager to obtain patients, and unwilling to discharge them; and he has the largest motive to stint them in every possible way during the time they are under his care. Now, this must be borne in mind, I do not intend to cast any reflection upon the medical profession. I know that when I have urged arguments of this kind, I have been told that I have entertained most undue suspicions of that great profession. I have no suspicion of them as medical men; but my suspicions are of the medical men only when they are proprietors of lunatic asylums, into which lunatics are taken for profit. I am perfectly ready to admit that there are some of the best men in that department of the profession that one can meet with. I am perfectly ready to admit that there are a great many medical proprietors who now, under the operation of this Act, are governed in a great measure by their own good feelings, and they have brought their houses to a very great degree of excellence; but even the very best of them must be under this influence of the profit to be made out of the patients. Even supposing that you gave them full credit for care and for proper treatment,

from a desire to do their duty, nevertheless they must with a view to making a profit, take the utmost payment that they can exact; and of course within proper limits they give the smallest amount of treatment, and go to the smallest expense that would be consistent with the discharge of their duty, and therefore there is this vicious principle of profit that runs through the whole. The Committee will perfectly understand, that where a proprietor is an unprincipled man, where he is determined to evade the conditions of the law, he will do everything he can to avoid whatever the Commissioners enjoin upon him. How very severe the temptation must be, the Committee can perfectly understand, and to what an extent he may carry the bad management and government of his asylum, so that the patient will receive from it little or no real benefit, their object being to get as many patients as they can, and to keep them as long as they can, and stint them in medicines, clothing, food, and comfort. This to a certain extent must be the case even with many of the best-intentioned proprietors. I am convinced that those who have invested a certain amount of capital must turn it to account, and the only way by which so many of the asylums can be carried on is upon borrowed capital; and these proprietors are still in greater difficulties than those who carry them on on their own capital, and this principle of profit operates most injuriously to the great mass of the community, and now keeps up the scale of prices for care and treatment to such an amount, that really a vast number of people in this country belonging to the middle classes and those just above pauperism, such as small shopkeepers, and so on, are put in such a position that it is impossible for them to get anything in the shape of medical care and treatment for an amount less than from 25s. to 30s. a week.

When I look into the matter, I see that this principle of profit vitiates the whole thing; it is at the bottom of all those movements that we are obliged to counteract by complicated legislation; and if we could but remove that principle of making a profit, we should confer an inestimable blessing upon the middle classes, getting rid of half the legislation, and securing an admirable, sound, and efficient system of treatment of lunacy. That brings me to the great point, viz., the establishment, I will not say of public asylums, but hospitals, or asylums at the public cost, for the reception of all classes of lunatic patients. I now speak with reference to that large class of society which begins just above pauperism, and goes on to the highest in the land. All the difficulties in legislation

arise out of that particular class ; we have none with respect to the management of the paupers in the county asylums ; they go on very well. There is nothing in them but the ordinary decay, and the difficulty that arises in all institutions out of occasional ignorance and mismanagement. If you had establishments of that kind, asylums or public hospitals, I should like to say chartered asylums, you would find that they would be precisely the reverse of those I have mentioned. First of all, there would be a total absence of that motive which constitutes the vicious principle of the present licensed houses, there would be no desire or view to profit of any sort.

Do you suggest that there should be no private asylums of any sort or kind, and would you absolutely prohibit them by law ?—No, certainly not. I would leave them, and leave it to the public to choose which kind of asylum they wished to go to. I have no doubt that a certain number of those licensed houses would continue, and I dare say that persons, from peculiar notions of their own, would resort to such asylums. I would allow them to continue, and I would also have, as you have, public asylums for paupers, houses on a public footing for persons in a better condition of life.

The example which I principally should follow would be the example of Scotland. In Scotland, the chartered asylums have existed for a certain number of years, and they have been productive of the very greatest benefit. We have a certain number of institutions similar to them in England, and they are called hospitals. Hospitals in England are founded upon private funds. The chartered asylums in Scotland are also founded upon private funds.

What you wish for is an encouragement for the endowment of hospitals for lunatics ?—Yes ; to be founded in two ways, either as in Scotland, and in some parts of England, by private contributions ; and we have 11 hospitals in England also so founded, or, as in England, in respect to borough and county asylums, upon the public rates. I think it would be sufficient only to make known the want, and I have no doubt the money would flow in ; but I would give in the Bill a permissive clause to counties for the purpose of founding these asylums entirely for the reception of the middle class patients.

Do you mean to be annexed to others ?—Not necessarily so.

A permissive power to found them out of the county rate ?—Yes ; it would not require that the county should do more than give the guarantee of its rates ; it would not be necessary that the county should expend a farthing,

in fact it would incur no hazard of its own whatever. But then it should have power to erect an asylum of that description, I would leave the governing power, the initiating power just the same as with regard to the county asylums, with the magistrates in quarter sessions, or it might be vested in the visiting justices of the present county asylums ; who, having considered all matters, might with the consent of the magistrates in quarter sessions, if they thought it desirable to institute such an asylum, merely take the guarantee of the rates, to raise the sum of money at $6\frac{1}{2}$ per cent., the whole interest and principal being thus paid off in 30 years. The thing would be self-supporting, and the moment the asylum was opened it would be filled with patients, some of a higher class and some of an inferior class, who would pay the whole expense ; their payments would cover not only the $6\frac{1}{2}$ per cent., but the whole expense of carrying on the institution, the care and maintenance of the inmates, and all the salaries and everything else.

There is another very great advantage indeed, that in these chartered asylums, as they would be in England, you would have a medical man at the head of them, and that medical man instead of being as he now is, either the servant of the superintendent, or the man at the head of the establishment having to make a profit, would be a man who was completely independent, and you would have an infinitely better class of attendants, and an infinitely better class of medical men, for no medical man ought to be at the head of an establishment of that sort without being absolute in the control of it ; he ought to have the appointment and dismissal of the attendants, and there ought to be no appeal from him, and I think that no man having the charge of 200 patients ought to receive one farthing less than £600 a year, with a house and allowances.

Is that the case in the existing county asylums ?—I am sorry to say that in the county asylums they are most cruelly underpaid in many instances.

All I ask is the guarantee of the rates ; I am quite sure that the whole system would be self-supporting, and infinitely to the advantage of the community ; and I am certain by the establishment of such asylums as these, and by the appointment of medical men of a proper description, you will introduce that which some gentleman mentioned at the beginning of the day, an effective school of lunacy ; you will have a body of persons who really will be able to devote their time and attention uninfluenced by any of those motives which have been

referred to, to look into the root of the whole thing, and establish a school of lunacy.

There is one other point that I would refer to, namely, that some persons might be afraid that these would lead to publicity, and destroy the privacy which they now seek ; but I really do not believe that that result would at all take place. And in the first place, I think we may fairly argue, whether privacy is a thing that you ought to consider when you have to deal with the interests of wretched and unprotected lunatics. But I do not see that there would be the slightest publicity, greater than there is now. Many persons, whose families are afflicted with lunacy, think that they are keeping the fact in entire privacy, but it is an error. If there is an insane relative of any family, it is invariably known ; the world may not know where he is, but no family ever succeeded in suppressing a knowledge of the fact that there was a mad member connected with it.

The testimony in favour of the chartered asylums throughout the whole of the Commissioners' report from Scotland, is very strong indeed, and some of the gentlemen in charge of those asylums are amongst the most eminent in the whole profession. There is the Crichton Asylum, which is superintended by Dr. Brown, whose name I cannot mention without feelings of respect and admiration.

Does your Lordship now propose to go into the subject of lunatics in workhouses and county asylums ?—Yes.

You propose to take them together, because they are connected with each other ?—Yes.

How many lunatics were there in workhouses during the last year ?—I have already given that in evidence, but I think the one will immediately rise out of the other.

Will you be good enough to take the workhouses first ?—Yes.

What is the law with regard to the detention of lunatics in workhouses now ?—Properly speaking, no lunatic can be detained in a workhouse at all. There is a specific law against dangerous lunatics being detained in a workhouse for more than 14 days.

What Act of Parliament is that ?—That is under the Act of Parliament, 4th and 5th William 4, c. 76, s. 45, the other acts are the 16th and 17th of Victoria, chapter 97, and also the 18th and 19th of Victoria, chapter 105.

The law is, that no lunatic can be detained in a workhouse beyond 14 days ?—Yes ; no dangerous.

But notwithstanding that law, they are detained for a considerably longer period?—Yes, a vast proportion of pauper lunatics are detained altogether, or for very considerable periods of time.

Under what authority is that done?—It is merely under the authority of the Boards of Guardians, but in direct contravention of the law. It will be found that the workhouses are filled with lunatics, who are taken there on the sole authority of the relieving officer, or the Boards of Guardians; but the law requires that if a person be a lunatic, he should be taken before a magistrate, that he should be submitted to the examination of a doctor, that then the magistrate being of opinion that the person is a lunatic should consign him to the care of the principal lunatic asylum, if there is one, and, if there is not one, to some proper receptacle, some private asylum in the neighbourhood; but in a vast number of instances that is not done. He is taken to the workhouse, and there he remains; but the great proportion of them are taken there now, and have been there on the authority of the relieving officer, and Boards of Guardians, without the intervention of the magistrate. They are detained there merely under the authority of the Boards of Guardians and the authorities of the union, simply because the guardians believe that it is cheaper to keep them there than to send them to the county asylum. It is solely on that ground; in many instances the workhouse authorities would be very glad to get rid of them.

What would be the difference in the cost of taking care of them in an asylum as compared with the cost in a workhouse? It was a question I intended to arrive at, somewhat later; but I will take it, if the Committee will permit me, now. That is perhaps the most important consideration in all these matters; and I believe it would be found upon minute examination, that the difference in the cost will be very little indeed, if any. Perhaps, in very many instances, the differences in the cost would be in favour of the lunatic asylum, as compared with the workhouse; but a very bad habit has grown up in the method of keeping accounts, and if we can succeed in altering that, a very great deal of light will be thrown upon the subject, and a very great deal of error will be dispersed. At the present time the accounts invariably appear in a gross sum for "maintenance and establishment charges." I hold in my hand the 12th Report of the Commissioners in Lunacy, in which there are full statements of the expenses

of all the county asylums, the weekly charges, and the maintenance and establishment charges. I will take Bedford as an instance. The whole weekly charge for the paupers from the county or borough to which the asylum belongs, is 8s. 9d. That is the only sum which the guardians look at. They see that it costs 8s. 9d. to put a pauper into the Bedford asylum, and they calculate that it will cost only about 4s. a week to keep him in the workhouse, and they jump to the conclusion, therefore, that it is cheaper to keep him there, than to send him to the lunatic asylum. They do not consider that in that 8s. 9d. is included the whole of the establishment charges, and that the maintenance charges for food and clothing are no more in the asylum than 3s. 8½d. for provisions, and 8¼ for clothing. But we must always assume, that if lunatics are kept in the workhouse, they must be treated in some measure as lunatics; they must have all those comforts, and those superior kinds of diet and treatment which they are entitled to. If we could once have the accounts duly separated, and put before the country, I am certain that boards of guardians and parochial authorities would see that, in fact, the cost for the maintenance of a pauper in a lunatic asylum was not greater than in a workhouse. By the manner in which they estimate the cost of a patient, they make it appear to be much lower in the workhouse than it really is. Suppose for example that there are 200 paupers in a workhouse, they make an average of the expense divided by 200 and they then say it is so much per head, but that brings down the expense of the lunatic or able-bodied pauper to a very much lower figure, because it is shared by women and children; whereas, if they were to estimate the cost of a pauper in the workhouse, giving him his due maintenance, and not reducing it by the average of the women and children, who consume much less, it would appear that the cost of the man in the workhouse was as great as in the lunatic asylum. Every calculation that we have made we find that, by separating the establishment from the maintenance charges, we should bring down the cost to a little more than one half. The justices of the county know it (detention of lunatics in workhouses) perfectly well, but the Visiting Magistrates to the county asylums have no authority over them, and it would be very beneficial and proper, indeed, if by the Bill now before the House, a power were given to the Visiting Magistrates of the county asylums of their own authority, and without the intervention of any other

authority to remove lunatics from workhouses to the county asylum.

Then it comes to a question of increasing the size of the asylums?—Yes; it was proposed in 1845, that there should be annexed to every asylum, other buildings for the chronic cases, where they would be kept at much less expense. Then the principal asylum might be emptied of its chronic cases, and be kept open for the reception of the recent and curable cases; and wherever that has happened, the greatest benefit has arisen.

Have not the justices power to proceed under the provisions of this Act to remove those paupers from a place where they are improperly detained?—Yes, the spirit of the Act is very clear that no lunatics should be sent to workhouses and none should be detained there, excepting under circumstances of very great emergency, beyond 14 days. The spirit of the Act is very clear, but the machinery for carrying it into operation is very cumbrous. The Commissioners have very little right of interference; it is not under their immediate jurisdiction. There is no doubt, whatever, and I say it with great deference to the country gentlemen, that they do not like to be interfered with, and we have had very angry and fruitless correspondence; with various authorities there is great power in passive resistance. We have gone to the full extent of our powers, but we have not been able to effect what we desired; and the consequence is that the workhouses are over-crowded with lunatics to a most frightful extent, and their condition is something of which the Committee can form no conception.

What it is important for the Committee to know, is whether that over-crowding of the workhouses by lunatics arises from the provisions of the law not being put in force for their removal to places where they would be put under proper care and treatment, or whether it arises from want of room in the county or other asylums for their reception?—In some cases it arises from want of room in the county asylums, but in a great number of instances it arises from the dogged and passive resistance which is offered by the authorities, who are determined that they will not incur what they consider will be an increased expense.

When you spoke of the dogged resistance of the authorities, you referred, I presume, to the parochial authorities, and not to the county magistrates?—Yes; but a vast majority of the lunatics who are now detained in workhouses, are sent there

merely upon the authority of the relieving officer. They hear of a man being a lunatic, and they say he must be confined, and they carry him on their own authority to the workhouse, and there they keep him. We are constantly applying to the Poor Law Board to give us assistance; and the Poor Law Board, I must say, have always from the very beginning shown the Commissioners the greatest kindness, and have given us assistance upon all occasions to the full extent of their means; but they constantly say, "It is very well, but we have no power to do what you wish."

Does your Lordship wish to show that it would not really be more expensive to a union to send their lunatic paupers to an asylum, than it is to detain them in the workhouse?—I do not believe that it would be.

Are there many cases of idiocy in the workhouses?—A very great many.

Are they exposed to very great cruelty there?—Yes, to the very greatest cruelty, and we are now returning in these workhouses to the system of things that prevailed in 1828, there being no means of classifying these persons; a large proportion of them were then chained down, and kept in the most horrible state of filth and suffering.

What is the kind of treatment which these lunatics undergo in these different workhouses. I think you stated that there were no special attendants provided for them?—Yes. There is almost a total absence of proper supervision, proper attendance, and medical treatment.

Could your object be attained under the existing law, or is an alteration of the law necessary to effect it?—It could be attained under the existing law, if the visiting magistrates of the county were of opinion that such a system would be beneficial; they have full power to move the county for that purpose. I think that the law is sufficient to give all the accommodation that is required. If the visiting justices were convinced by inquiry into the matter, that an establishment for these chronic cases connected with the various asylums would be very beneficial, and likewise that the guardians and the parochial authorities were brought to a conviction that it is not more expensive to keep a pauper lunatic in a county asylum, than it is to keep him in a workhouse or union, could you bring them to that opinion, the law is quite strong enough to carry into effect every amendment that is required.

Then it comes to this, that if the justices in the different

counties would provide asylums sufficient for the pauper lunatics in those counties, the law is quite adequate for the purpose?—Yes.

Would there be objection to remitting the chronic cases of pauper lunatics to the workhouses?—There are very many objections, and I will mention one; first of all, I should be sorry to recognise the principle that lunatics should be kept in workhouses at all; I may mention that the suggestion of the Honourable Member has already been made, and adopted in some instances, and in every instance of a chronic patient going back to the workhouse, he has declined in health and appearance, and in fact they require to be placed in a totally different position, to undergo different kinds of treatment, and to be put upon different sorts of diet; in every instance of a chronic patient being sent back to the workhouse, he has declined.

There are a great number of these pauper lunatics who are now shut up in workhouses who might be liberated from those workhouses, and placed under the charge of some of their friends, a small allowance being made by the parish for their maintenance, and those lunatics so living with their families should be placed under the superintendence of the various union officers whose business it should be to see them once a quarter, and report upon their condition to the authorities of the parish, to the magistrates of the county, and to the Commissioners in Lunacy.

Just consider for a moment the confinement to which they are exposed in the workhouse. Many of the pauper lunatics, who would pine away in a workhouse, would flourish even upon inferior diet, if they were living under the care of their relatives. The discipline of the workhouse was intended for a totally different order of beings; it was intended for able-bodied paupers, and it was contrived for the purpose of making the workhouse disagreeable, and painful to a man who ought to be earning his livelihood; and, therefore, there is every kind of restraint imposed, and the discipline itself is very severe. And, then, again, particularly in large towns, look at the airing courts; see how they are divided, and subdivided into small spaces, with high walls, into which these wretched lunatics, who ought to enjoy fresh air and exercise, are allowed to go once or twice in the course of the day, and where they go round and round like so many wild beasts—the poor creatures pine under it.

A vast number of these lunatics are treated as sane persons,

and for any breach of order or discipline they have been sent to prison frequently.

Does not a still greater objection apply to the kind of medical men who attend these workhouses?—Certainly.

They employ persons who will perform the duty at the lowest price?—Yes. When a medical man sees a case, and he is convinced that the patient ought to be sent away to a lunatic asylum, or he sees a case, and is convinced that the patient ought to have higher diet, and receive all those little comforts which are necessary in his condition, the truth is, and it ought not to be concealed, that the medical man is so completely under the control and influence of the guardians, that oftentimes he does not dare to do his duty.

What provision would your Lordship suggest?—I think there should be a provision to this extent, that the relieving officer, or the overseer, should not of his own authority take any lunatic into a workhouse, which he does now, for a vast proportion of them are taken in so.

You would prohibit the relieving officer from acting so in every case, but where there was a pauper lunatic brought to his notice, what would you require him to do?—I would require, in every instance where there was a lunatic, or an alleged lunatic, that that lunatic, or alleged lunatic, should be taken before a magistrate, and that the magistrate should then send for a medical man, in order to ascertain what was his state of mind; but I would never allow the relieving officer to lay hold of a lunatic, or an alleged lunatic, and take him into the workhouse, except for the purpose of temporary safe custody, until he could be taken before a magistrate.

A difficulty arises from this. We keep calling the pauper a lunatic, but he is not so unless he is certified to be such, and therefore the relieving officer, or overseer, defends himself, and says, "It is true that I have carried the fellow off to the workhouse, but he is no lunatic at all; he may be a little odd or a little queer, but he is not a lunatic under the law until he has been certified to be so." Now observe the protection which the relieving officer and the overseer have is this, that the medical officer visiting there, is so much under the influence of the Board of Guardians that he will not certify that the man is a lunatic, and there is the difficulty. If we could get the magistrates to interest themselves in these matters, it would be very advantageous; I stated before how anxious I was to bring the lay element to

bear upon this matter, and to get all the laity of the country to take it up.

Is there not another large class of pauper lunatics, amounting at least to 5,000, who are detained by their friends?—Yes.

Are there any remarks that your Lordship would wish to offer to the Committee with respect to that class?—No, I think it is a class that might be increased with advantage if kept under proper supervision, a small allowance being made to them by the parish. I think that they would be happier, and be much better cared for, and that they would thrive better for a sum less than that which is now paid for them in the workhouse.

Does not it often happen that these persons are detained from an early stage of the disease with their friends, whereas if they had been at that period placed under medical care and treatment a cure might have been effected?—Quite so; but I should contemplate the placing of lunatics with their friends, only in cases where they were chronic cases. I should not think of detaining in the house of their friends any person in an early stage of the disorder, who might be sent to a curative asylum.

Practically, does it not happen that these persons do remain with their friends?—Yes, constantly.

Whereas if they had been sent at an early stage of the disorder to a lunatic asylum they might have been cured?—Yes, a very vast number.

Might not the object of Section 67 be carried out, if the duty of taking this course were at once thrown upon the magistrates, instead of calling upon the medical officer to do so, bringing him into collision with the guardians, throwing upon them the duty of calling in a physician in case of every person deemed to be a lunatic coming within their cognizance?—Yes, but I think it would be a great burden to the magistrates to have to go about to look after lunatics; I should think that a magistrate has the power now, if he have any knowledge of any lunatic to send for a medical man, but I think if you imposed additional duties on the magistrates they would not execute them.

Your Lordship will now go the county asylums?—Yes.

Have you any additional remarks to make with reference to the county asylums than those which you made the other day?—The county asylums are not under our immediate jurisdiction; we have little or no authority over them. Our duties are limited to one inspection in a year, of which

we make a very full report in the visitor's book, a copy of which is sent to the Commissioners.

Do you find them generally speaking well managed and conducted?—Certainly. Of course we have every now and then some criticisms to make, but generally speaking the system has worked exceedingly well, although they might be improved; I cannot but look back to the state of things as it was some years ago, and compare the condition of the paupers in the large county asylums now, with their condition as it used to be in the private asylums throughout England and even in the metropolis.

Will your Lordship first look at the Bill which has been brought into this House, intituled "A Bill to amend the Law concerning the Providing of Lunatic Asylums for Counties and Boroughs, and the Maintenance of Pauper Lunatics." Will you have the goodness to give your opinion as to any of the provisions of that Bill which you think might be amended or improved, and whether you think those provisions are necessary?—The first clause we consider a very desirable clause; at present, no borough can be annexed to a county, without the consent of the visitors, and we consider it very desirable that in many instances, this annexation should take place, although much opposition has been made to it. In a variety of ways, we cannot but think that it is very desirable if those words "the consent of the visitors of an asylum were omitted, and that power were given to the Secretary of State to effect an annexation."

I may mention to your Lordship that that provision of the Bill has been objected to on the part of some of the counties, as they think that an additional burden and additional inconvenience may be thrown upon them by requiring them, without their having a voice in the matter, to furnish additional accommodation for the lunatics belonging to a borough in the county; does your Lordship think that that objection is so serious a one as to countervail the recommendation which you have made?—I really think not with reference to the pauper patients; I can hardly think that any additional expense would be thrown upon them.

Where a reluctance has existed to allow of an annexation, do you think that it has arisen principally on the ground of the expense that would be occasioned to the county, or because the county justices would not like the interference

of the borough?—I think that that has a great deal to do with it. I do not think that they like a divided authority, or the interference of strange magistrates. I think that there is very considerable jealousy between the borough and county magistrates.

It is desirable that a large borough, such as Birmingham or Hull, should have its own asylum; but when we come to very small boroughs, it is perhaps hardly desirable; the number of patients is so small that it would put them to very great expense to have a very large staff for a very small number of patients, because the staff that is good for 100 would be wanted for 50.

I suppose that your Lordship finds where lunatics are kept together in large numbers, the management is much more economical, and the medical superintendence is far superior to what it is when they are confined in very small numbers? Precisely so; for instance, we think that a medical man can manage, as we said in 1844, 250, and it might go so far as 300, but beyond 300 I am perfectly convinced that it is impossible for any medical man to pay adequate attention to every case; for unless in the management of lunatics, you have what the Germans call the individualising system, viz., that the medical man should know every patient, and see every patient, and constantly direct his attention to him, you cannot effect any great or permanent cure.

It would seem to follow that whenever a borough has not 300 lunatics to provide for, it is better for the lunatics, and more economical for those boroughs, that the lunatics should be confined in the county asylum? where the number is not very large—I think so certainly.

And therefore a power of annexation should exist in the Secretary of State?—Yes, I think so.

I should just like to suggest that there should be a clause, making it a part of the duty at the quarter sessions to read openly in court the “entries” which are made by the Commissioners at their several visitations once a year. The Commissioners go down to an asylum, and they make very full reports; they state all that they see worthy of commendation, and they state also what they see that ought to be altered, and sometimes they make most important suggestions, and I really think that the reports of the Commissioners ought to be made known to the public at large and to the ratepayers, and I know no other way of doing that than by insisting that they should form a part of the public business at quarter sessions, and in all cases

be read. I know that in some places the parties do so ; in one or two instances I believe they do so ; but I think that it should never be dispensed with. In one or two instances, in one particularly which has occurred very lately, the most important reports of the Commissioners were positively suppressed to this extent, that the medical officer of the asylum was not allowed to see them. Upon application he was refused, and the medical officer came to our office the other day, and we gave him authority to read the reports that we had made. His remark was "I am exceedingly glad that you have let me see them, for they contain some very important remarks, and I now understand why I was not allowed to see them, it was because you have strongly recommended that there should be a great increase in the medical staff. I have always said the same thing, and if I had had the support of the Commissioners in Lunacy, that increase must have been granted. I have been left out of it for a number of years." Therefore I think that there ought to be a clause, making it imperative that our reports should be published for the general information of the country.

If a visiting physician were also appointed to an asylum, would not that in some degree effect what your Lordship wishes to arrive at?—No ; I should say that in nine cases out of ten, a visiting physician is very objectionable, and I do not think it would be at all agreeable to the Superintendent, for it would divide the responsibility. A visiting physician could only come in occasionally, and if he does come in, it is to interfere with the system. I do not think that a visiting physician would in the least relieve the labours of the Medical Superintendent, but that it would tend very much to impede his course of treatment, and certainly not a little to lighten his responsibility. But depend upon this, that if you increase the salaries of these gentlemen, you must take care to affix to them the most serious responsibility, and that you do not allow any person to come in who can in the least divide that with him.

I wish to express my opinion, that the period for the superannuation of the attendants and the medical officers should be fixed, and that it should not be left optional to the visitors ; at present, it is not to be allowed under 20 years. If it is not a fixed period, it is optional with the visitors whether they will or not grant a superannuation at that time, and I think it is but just that persons engaged as the Superintendents are in these most onerous and serious duties, should have before them

a certainty of the time at which they can retire ; and there is another reason for it, it has been found to operate injuriously ; it operates very beneficially for the useless and the idle, for a man of that character will feel that when his period of 20 years is up, the magistrates will say, " We may as well get rid of this idle man and get a better ;" but if there happens to be a really valuable man who is to them almost indispensable, they will say, " Well, but he is too good to lose ; we will keep him on for a year or two longer ; we cannot part with him." A medical man of great eminence said to me the other day, " I have known it to happen in the case of a very valuable servant, when his period of superannuation has come round, he would be put off for a year or two years."

Do you propose that every officer or servant of an asylum should after 20 years' service be entitled to claim his superannuation if he wishes to do so ?—Yes, if his character were good.

Would you retain the limitation of the right to persons of 50 years of age ?—No, I think that would be very hard indeed ; and reference must be had to the peculiar nature of the duties they have to perform ; it is not like the ordinary work in a banking house, or in a Government office, nor even is it like the toil they have to undergo in military or naval service ; but the wear and tear upon the nervous system of the attendants and the Medical Superintendents is such, that it may be considered almost a standing miracle that so many of them can bear it for the whole 20 years, before they arrive at the period of superannuation. I have received accounts from the attendants and from the medical men themselves, and their statements go to show that in proportion to the whole number, there are more cases of insanity arise among the medical men who are so employed, and the attendants who are so employed, than from any other class. The Committee can well imagine what it must be to be perpetually in the presence of lunacy, some of them in the most exalted state, and some most despondent, but never hardly to pass a night in which they are not disturbed—never to associate with others, nor to have any holiday or recreation, or any relaxation of any kind—to be perpetually in the presence of these lunatics—it has the most lowering and most miserable effect upon the nervous system.

Is it not the fact that the Act gives a discretion to the magistrates, not only to the time when the superannuation may be given ; if an officer is 50 years of age, and has served

20 years, but also as to the amount of the superannuation. Would you take away the discretion in both cases, allow every officer and servant in a lunatic asylum to demand, after 20 years' service, a fixed amount of superannuation?—No, I would not go to that extent; I think that a discretion might be left with the authorities, and I have no doubt they would act with liberality. I would not make it imperative that the officer must have attained 50 years of age, but I should propose that the period of superannuation should be fixed at 15 years instead of 20.

You would give to every officer a right to claim superannuation, subject to the discretion of the magistrates, as to the amount, after 15 years' service?—Yes.

Have any cases occurred in which a Medical Superintendent has wished to retire after 20 years' service, and has not been allowed his superannuation?—I know of no case within my own knowledge, but I think that there must have been some, from the communication that was made to me by a Medical Superintendent.

Is there any particular reason which induces your Lordship to press this upon the Committee?—Because I think it would tend to improve the status of the medical men.

What is your Lordship's opinion as to clause 4?—That is entirely a new proposition, and everything that is said with regard to metropolitan examiners will be applicable to the provincial examiners.

Does your Lordship approve of that clause?—I cannot say that I do altogether; it is a new principle.

I believe that clause was suggested by the Commissioners?—Yes, but it was suggested as a substitute for another which was proposed to us, and which we considered altogether impracticable; but knowing that the public opinion was such that something must be proposed to meet it, it was suggested to the Secretary of State at that time, but it was suggested only as an expedient, with a view of satisfying public feeling, and not with any hope that it would be really effective. But when it was suggested, there was no intention that the medical examiner should be a person to assume a status, and become a permanent officer, and make more visits than one; the object was that the medical examiner should make one visit.

You were stating the object of the recommendation of the Commissioners with regard to the appointment of examiners?—Yes; I judged that the Secretary of State was anxious that

a patient should be seen as soon as possible after his admission into some licensed house, and the proposition was, that it should be done by the Commissioners themselves, or under their authority, but I think we showed that it would be almost impossible for them to do it, and if a body of inspectors were appointed, the expense would be very great, and, after all, the work would be imperfectly done; it was therefore at once set aside, and this was suggested as a substitute, which will have the effect of introducing a medical examiner into the house, who will, in all probability, see the patient within the first 24 hours of his or her incarceration; but there is a great doubt whether it would be of any value. I am sure that no medical man would say that any person, seeing a patient within a very few hours after his or her admission, would be able to form any estimate whatever of the condition of that patient. It is just possible, supposing that a person who was as much in possession of his senses as any gentleman sitting at this table had been seized and shut up in an asylum, that if he could retain his equanimity and composure, and might be able to state the case to any person who came to see him, it is possible that the examiner might say that he ought to be set at liberty. In 99 cases out of 100, no medical man could give an opinion upon the state of a patient within 24 hours after his or her reception.

That he is not required to do by this Bill?—But he must see the case within seven days and report.

Is this medical examiner to go into the houses where there is already a resident medical practitioner?—Certainly.

What is the object of it?—The object is, I believe, that some independent party, some person who had not signed the certificate, and had no connexion with the patient, should go into the house and see what was the state of the patient, and make a report thereon to the visiting justices, and to the Commissioners in Lunacy. This is done in order to guard the public against possibility of any person being unduly confined.

Does that apprehension arise out of any evidence which the Commissioners have obtained, that the certificates which have been given, and upon which patients have been confined, have been incorrect, and that persons have been improperly confined?—I think I stated to the Committee some time ago, that in all our experience we had not found more than one or two instances in which that had taken place without some plausible grounds for shutting up a person; but we believe that in many instances patients have been detained

beyond the time at which they could have been set at liberty. I believe that there are but few improper incarcerations. Even at first we had scarcely any instances whatever, and we believe that the certificates have been a very considerable protection, and that they have done their work.

Then, what is the necessity for the appointment of these medical examiners in London and throughout the country, to form an additional check upon the improper admission of patients into lunatic asylums?—I do not see any necessity for it. The Honourable Member says, that the suggestion came from me. It is true that it did so, because the Secretary of State submitted to the Commissioners the project of a Bill in which it was provided that the Commissioners should, either by themselves or by paid inspectors, see a patient within a very short time after his or her admission. The Secretary of State seemed to consider it indispensable, and as we found we could not do it as he suggested, I suggested that it might be done in this way. I have since heard that it has given very great offence indeed to the proprietors of the licensed houses. In order to do the thing well, the medical examiners must generally be persons residing in the neighbourhood of these houses, and if that be so, almost in all cases they will be pretty nearly of the same class as the man who signs the certificate; and I doubt much whether their opinion would be a bit better than that of those who sign the certificates. The medical examiner might not be under the same influences, but I do not think that he will do any good; his opinion will hardly be worth having, because most people when the opinion comes, will say he cannot know much about it; he has had very little time to form it. I do not think it would be of much value for the protection of the patient, neither do I think that the proprietors of the licensed houses ought to take such exception to it, for I do not believe it will cause them any annoyance whatever. The Bill is so carefully worded, that the medical examiner going into a house can only just see the patient and report on him; he makes no report upon the other patients, nor upon the house, and I do not see what injury could arise to the proprietor, nor do I see any benefit that will arise to the patients. It would be very objectionable that the medical examiner should be allowed to make a second visit; he would acquire thereby a certain status in the neighbourhood, and a certain species of authority, like a public officer put there to control the asylum.

It has been stated, that either the Commissioners or others

acting for them should discharge that duty for the protection and care of the patients ; but if the labours of the Commissioners are so increased, would your Lordship deem it preferable to have an increased number of Commissioners, acting solely upon their own responsibility, instead of deputing to others the power which they themselves possess ?—I think it is of very great importance that all duties of visitation, and the duties of seeing patients, should be executed by the Commissioners themselves ; it is a matter of the greatest importance that persons having authority and position should be the persons to visit the houses ; and I am sure, if ever it were to grow into a system that it were to be done by delegates and inspectors under them, that we should not possess one-half of the efficiency, nor have one-half of the influence over the houses that we visit ; therefore I would object to any such body of persons being appointed ; if these duties were imposed upon the Commissioners, there is no doubt that an additional number of Commissioners would be required ; but I am in great hopes that if the duties which we now have of visiting the workhouses be no longer assigned to us, and either the workhouses be put under proper superintendence, and converted into real lunatic asylums, or the patients be sent to the county asylums out of the workhouses, and we are relieved of that duty, the Commissioners will be equal, not only to the work they now have to perform, but to a great deal more ; and if, in addition to that, the proposition that I have made of instituting public asylums for the middling and other classes were carried into effect, not only would the Commissioners be equal to their duty, but in the course of a very few years they could reduce the staff to one-half what it now is. As it is, we can perform all the duties that are now assigned to us, and the additional duties which appear upon the face of this Bill, provided we have not to go through the duty of visiting the workhouses ; if that be continued, and it must be done by somebody, I think the Committee will be satisfied, after the statements I have read to them, that we shall not be able to do it.

When your Lordship speaks of additional duties, by the 12th Report it appears that there were 1,070 new admissions into the metropolitan licensed houses, and 1,253 into the provincial licensed houses. I understand your Lordship to suggest that instead of having medical officers, you would have the Commissioners make the visits ?—No ; we could not introduce any such system unless we had a staff of Commissioners equal in amount to a regiment ; we could

not have such a system as to enable us to see every patient within a few days of his or her admission. The number of admissions into the private asylums of England and Wales is nearly 2,000 every year, and it would be perfectly impossible for any small body of men, to see every patient within a very short time after his or her incarceration.

Does not it follow that the system of medical examiners is the only one which is practicable to carry out?—If you insist upon having the patient seen within a very short time, I see nothing for it but a system of medical examiners as proposed by the Bill.

Or an addition to the staff of the Commissioners?—Yes, a much larger addition. There are many objections to enlarging the staff of the Commissioners, and one will be clear to the Committee at once; we are already very considerable in number; there are six paid Commissioners and three or four unpaid. We constantly meet at the Board, and it begins to approximate to a parliament, and we all know what a parliament is.

Assuming that 2,300 is the number of patients admitted into these lunatic asylums, two visits are to be paid by these medical examiners, one within seven days, and the other before the expiration of three months; that would make 4,600 visits to be paid by the medical examiner; have you calculated what the expense of that would be?—Yes. With regard to an increase of the Commissioners, I think that we could not carry out the business of the Board when the numbers had been greatly increased. At present we work together with the utmost harmony; but that arises from there being two or three persons on that Commission who have been there from the beginning, and we have a traditional policy at the Board. The members belonging to it have not all been appointed at once, but they have been gradually added on one after the other, and there has been a perpetual nucleus round which they have gathered, and we have got into a system of working very harmoniously together. This Commission has subsisted for thirty years, and we never had but one division.

If this duty were imposed upon the Commissioners, would it not be performed by the medical Commissioners?—No; it might be done by them, but there again comes in the objection which I so strongly entertain, and I protest against bringing the medical profession so forward that they only are to be the judges of insanity.

Does not that apply to the clauses of this Bill, that require that the examiners shall be medical examiners?—Yes, because

the medical man is the only person in the neighbourhood of these asylums who is likely to have given any attention to the matter. You could not impose upon the magistrates or the resident gentry such a duty, but it must be put upon a person who is generally resident, who will take a fee for his duty, and a medical man is almost the only person to do it.

Could not you attain this object by insisting by law upon some religious care of the patients by some chaplain who could equally form a judgment?—I should have more distrust of the religious gentleman than I should have of the medical man, and I say that with the deepest respect for the ministers of religion. The difficulty of it would be incalculable if you were to throw the duty on the parochial clergy in the neighbourhood, who are already over-burdened.

In your opinion there is no necessity for this additional provision, as the system of certificates, as it at present exists, subject to proper visitation of the Commissioners in Lunacy, affords a sufficient check against improper detention of lunatics in asylums?—I think it does; but if the public feeling be so strong that something must be done to meet it, I think that this is as harmless a proposition as can be made; I do not think that it will do much good, and I cannot see that it will do any harm whatever to the proprietors.

What expense do you think it will involve?—I think it will be very small. Take any county, for argument sake, in which there are half a dozen private asylums. The magistrates in quarter sessions would appoint to each house an examiner, probably some medical man resident in the neighbourhood for convenience, and for the sake of economy. This gentleman would receive within a few hours of the arrival of a patient notice from the proprietor that there was a patient there, and he must go and visit him. He would charge the expenses of his journey, and his fee, £1 1s. I should suppose that these houses many of them would receive six, seven, or eight patients in the course of a year, say ten; that would be at the rate of ten guineas a house, and suppose there were six houses, about sixty guineas a year, besides the travelling expenses.

Are not the medical men required by this Bill to pay two visits?—Yes, and that would double the estimate, if they paid the second visit, which I think altogether unnecessary, and instead of being sixty guineas, it would be 120 with the other expenses.

Ought we not to consider the aggregate expense, and not the expense of any particular asylum, the whole number of admissions being, I believe, 2,300 a year?—Yes, and then I

think that you might fairly estimate that each admission would cost about two guineas.

In addition to the travelling expenses?—No ; I would say about £5,000 a year altogether over all the counties.

We say that we know of no cases in which there have not been some good and fair grounds for the original incarceration, but we have heard of cases in which people have been kept beyond the time. I think the examination they undergo is as good as you can get, for the knowledge of lunacy among the great proportion of medical men in this country is so very small, that they are quite incompetent to give an opinion, except upon general principles and their knowledge of mankind ; but in very few instances does it occur that a person has been shut up without some appearance of justice.

I understood you to say that persons are detained longer than they ought to be?—It has been so.

Therefore, section 4 would have no reference to that class of cases?—None at all.

Do not you think that there are many cases in which the medical examiner, never having seen a patient before, would be unable to determine upon one visit whether the state of mind was such as to require the patient to be detained in a lunatic asylum?—It is perfectly impossible, unless the case were manifest and unmistakeable, and that nobody would hesitate about it ; for instance, if there were any doubt about it, no medical man would venture to give an opinion, and he would write to say, “I find the patient so and so ; but whether the patient is sane or insane, I cannot say.”

In those cases the visit would be perfectly useless?—Yes ; and the only security that it might offer would be that the parties, fearing a third party might come in, might exercise more caution.

In giving the original certificate?—Yes.

Does your Lordship think, that if two medical men had signed a certificate a third medical man would not be very unwilling to set his authority against theirs?—I think that in many instances he would fall in with the certificate. There is always this danger, that the medical examiner in the neighbourhood might either be in a state of enmity or friendship with the keeper of the house.

Is there any advantage in these medical examiners being medical men ; why not lawyers?—I would not object to that if we could find a person in the neighbourhood who being resident would take a fee for it.

As to the 26th clause, “Proprietors of licensed houses, and

persons having charge of single patients, to furnish information as to payment for patients"? That is a very important clause; for the proprietors and resident superintendents are always unwilling to give that information; but the Committee will see how indispensably necessary it is. We shall not pry into the fortunes or into the pecuniary circumstances of all the patients; but we have a right to know this. If we go into a house and see a gentleman, a patient there, we may think he is very poorly kept, and then we say, "Pray what does this mean?" and they refuse to tell. If his relatives were paying 5 guineas a week, and he were living at the rate of 20s, his treatment would be most cruel, and we have therefore a right to know the sum that is paid for each patient. There is another clause that I shall take the liberty of proposing to the Committee. It arises out of communications made to us relative to the corrupt agreements made between medical men and proprietors of asylums. We brought the matter before the Home Office, and lately we have received a communication from the Home Office, requiring us to draw a clause to that effect, and thinking it is a very important matter, we shall therefore suggest to the Committee a clause to prevent corrupt agreements between the medical men and the proprietors of asylums.

(To be continued.)

On the "Supplement to the Twelfth Report of the Commissioners in Lunacy to the Lord Chancellor." Ordered by the House of Commons to be printed, 15th April, 1859.

Without any wish to derogate from the dignity of human nature, or to question the capacity of the race for virtue and intellectual greatness, we, as lookers on in the world, and as reviewers of its principles and practices, are compelled to adopt that view of man and his transactions which every sound divine is called upon to pronounce from the pulpit, that imperfection and iniquity cling to him in all his doings. Individual self-examination exposes the spirit to the accusations of an internal monitor for shortcomings and misdoings; and when a just and searching inquiry is instituted into the

proceedings of individuals joined together for any purpose as of charity, policy, science, or trade ; imperfections, irregularities, dishonesty, fraud, or transgressions of some sort and degree, are perpetually discovered in the association, there is always a leaven of evil permeating the lump. To the truth of this statement the public journals bear daily witness ; now it is a noble charity abused by the neglect, or with the connivance of its governors ; next, it is a commercial company, negligently or fraudulently conducted, and rendered bankrupt at the cost of the fortunes and happiness of thousands ; and, next, it is some nobly conceived institution for diffusing the benefits of science, for extending education, or for reforming the vicious, which has fallen to the ground by supineness, speculation, or misrule, and so on, through the list of events which the journalist has to chronicle daily, weekly, and yearly.

Indeed, experience seems to prove it impossible for any association or institution left to itself to continue in the right way, to escape abuses and persistently to carry out its original aim and object. Just as man, in his social capacity, requires the check and control of his fellow man, so does an association or institution require to be brought under the influence of an independent authority, which shall, by its supervision and examination, exercise a check over its managers and its management. The Houses of Parliament must have an opposition ; the Courts of Law, higher courts for the revision of decrees ; the Public Offices and Corporations, their Commissioners and Inspectors to watch over their administration ; Ecclesiastical Commissioners must guard the interests of the Church ; Educational Commissioners and Inspectors, the national education ; Factory Inspectors, the health and interests of our manufacturing classes ; Poor Law Commissioners, our unions ; and, lastly, Lunacy Commissioners, our asylums for the insane.

If illustrations in proof of the advantages accruing from the existence of a higher and independent Board to watch over public institutions were wanting, a very striking one could be furnished by the Report of the Lunacy Commissioners, under review, respecting the state of lunatics in workhouses. For this Report shews, that though, by the provisions of the law, there is an elaborate machinery for the regulation of workhouses, and for watching over their management, yet that the interests of their pauper inmates, particularly those not of sound mind, are most sadly and cruelly neglected. Despite the existence of Boards of Guardians, ordinary and honorary

members inclusive ; of reverend and learned vestrymen, of chaplains and union medical officers, and the lesser officials, relieving officers, overseers, and others, concerned in parochial administrations, such is the revelation made by the Lunacy Commissioners of the state of the pauper insane, that any reader might suppose himself to be perusing a report of what happened a century ago, when lunatics and idiots were generally dealt with, worse than most members of the brute creation.

But the Report under notice, shows more than the wretched condition of lunatics in workhouses generally, for it proves besides, that these receptacles are totally unfit for the insane, are calculated to debase rather than to elevate and ameliorate their condition, and are devoid of any actual recommendations on the score of economy. Altogether indeed, it is a document which does immense credit to the assiduity of the Commissioners, and one that is calculated to work a large reform in the condition and prospects of the insane poor.

Let us now pass under review the details this supplementary report furnishes, and convey in a sort of abstract, the most striking facts and conclusions it presents. By way of introduction, a few words are desirable to elucidate the duties of the Commissioners in Lunacy, with reference to lunatics in workhouses and the extent of labour those duties involve.

The Commissioners are empowered by section xxviii., 16 and 17 Vict., cap. 96, to visit at their own time and convenience, either singly or otherwise, "all such parish and union workhouses in which there shall be, or be alleged to be, any lunatic . . . and shall enquire whether the provisions of the law as to lunatics in such parish or union have been carried out, and also as to the dietary, accommodation, and treatment of lunatics in such workhouses, and shall report in writing thereon to the Poor-Law Board."

This clause gives the necessary authority to visit workhouses, and to report thereon ; but it leaves it open to the discretion of the Commissioners, to determine how often the visitation shall be made. Now, practically this visitation cannot be made even once a year to each of the several workhouses, unless the Commissioners were largely relieved from other duties of their office. There are 655 workhouses in England and Wales, and their inspection of which the report before us gives the results, occupied the members of the Commission 18 months. This work, performed with much labour, and necessarily at some sacrifice of other duties, is evidently a task that cannot be looked for to be regularly and syste-

matically accomplished as an annual duty. The performance ranks with "business extraordinary," or as a paroxysmal activity, incompatible with the continued existence and ordinary functions of the body corporate of the Commission, as a lasting spasm or convulsion would be to the corporeal existence of any one of its honourable members. What amount of workhouse inspection can be undertaken by the Lunacy Commissioners, without material derangement or interference with their other functions, may be estimated by the tables they customarily append to their annual reports to show the number of workhouses visited, from which, it appears that, about one-third of the whole number can be got through. If this be a correct estimate, two-thirds escape inspection yearly; or, in other words, a workhouse is commonly visited only once in three years, for the purpose of inquiry relative to the condition of its insane inmates.

The thought may suggest itself to some readers, that many workhouses are small, and have but few insane inmates, possibly in some instances, none at all; that such as are found are no other than cases of chronic insanity, of imbecility and of idiotcy; and that, besides the Lunacy Commissioners, the Inspectors under the Poor-Law Board are yearly present to examine their condition. To a certain extent all these impressions are true; but the conclusion derivable from them, that the insane in workhouses are sufficiently well looked after, is dissipated by further examination, and particularly by the contents of the supplementary report under review.

In the first place, if the insane in some workhouses are very few, in others they are very considerable in number. Very many are those containing from 40 or 50 lunatics to a hundred and upwards, and practically constituting lunatic asylums, demanding the careful inspection of the Commissioners, not once in two or three years, but at least three or four times a year; in fact, requiring in our opinion more frequent and thorough examination than registered asylums, which by construction, organisation, and management, are fitted expressly for the care and treatment of the insane.

Again, though imbeciles, epileptics, and idiots form together the mass of inmates reckoned in workhouses as lunatics, yet there is no inconsiderable number of recent and other most unfit cases in some of these receptacles, of a class, too, unhappily on the increase; for, says the eleventh report (1857) workhouses "are no longer restricted to such pauper lunatics in requiring little more than the ordinary accommodation, and being capable of associating with the other inmates, no very

grave objection rests against their receiving . . . But these are now unhappily the exceptional cases." Likewise in the report before us, it is remarked :—"In setting aside a large number of the insane inmates of workhouses as frequently belonging to either the idiotic or the imbecile class, it is by no means to be understood that they are confined to those classes. During late years other forms of insanity, at times the most acute and dangerous, are frequently met with, especially in the larger houses."

These quotations are enough to show that, even did no objections obtain against workhouses as residences for certain imbeciles and idiots, they are at present inhabited by numerous insane patients, who require the supervision of the Lunacy Commissioner much more than the inmates of county asylums, and who are in fact detained contrary to the statute, which requires that no dangerous lunatic be detained in a workhouse above fourteen days (4th and 5th William 4, cap. 76, sect. 45).

Further, the lunatics in workhouses come under the notice of the Poor-Law Board Inspectors only casually ; they are little more than reckoned on as so many paupers, whose cost of maintenance is to be calculated on and accounted for ; their mental condition and the circumstances surrounding them, viewed, as either favorable or unfavorable to them in the character of insane patients, are affairs imposed by law upon the Lunacy Commission, and with which the Inspectors do not feel themselves called upon to intermeddle. Consequently, the supervision of the Visiting Officers of the Poor-Law Board does not furnish any guarantee that the lunatics in workhouses are properly taken care of, and treated. An effective supervision calculated to keep down abuses, and to ameliorate the condition of the insane, not provided for in asylums, must be undertaken by the members of the Lunacy Commission, or by officers immediately under its direction, and in connexion with it. In other words, there need be Medical Inspectors of workhouses so long as any paupers of unsound mind are contained in those receptacles. Indeed, we would prefer to extend the proposition, and to require Medical Inspectors to watch over the welfare of the sick and infirm poor in general, resident in workhouses ; for the supplementary report, though especially devoted to the condition of lunatics in workhouses, affords glimpses often enough, of the painful and neglected state of their fellow inmates suffering from bodily sickness, or the infirmity of age : glimpses which suggest subjects for no

flattering reflections on the philanthropy and christianity of the country.

The strongest evidence is produceable against any surmise that the number of the insane in workhouses, their character, and the mechanism furnished by law, and the orders of the Poor-Law Board afford any security against gross irregularities and abuses. This evidence is to be found in the whole matter of the supplementary report before us. What is the present state of the lunatics, and of their habitation wards, in the workhouses of this kingdom? is the subject, therefore, to be now illustrated.

We have already remarked on the detention of unfit cases in workhouses, and the Lunacy Commissioners tell us, that these receptacles "include none who are able to take care of their own interests or welfare; or to conduct themselves discreetly, if left without some governing control. Some, reduced to poverty by their disease, are of superior habits to those of ordinary paupers, and require better accommodation than a workhouse affords. Many are weak in body, and require better diet. Many require better nursing, better clothing, and better bedding. Almost all (and particularly those who are excitable) require more healthful exercise. And with rare exceptions, all require more tender care and more vigilant superintendence than is given to them in any workhouse whatsoever."

Thus far the report favours us only with generalities, with general statements of the unfitness of workhouses for the residence of lunatics, such as every asylum Superintendent could have advanced. Let us look farther to its details, and firstly, in reference to the adaptation of workhouses as places of detention for the insane. To this subject the Commissioners devote several sections of their report. The design, and construction, and the administration of union buildings, are carried out on principles adverse to the well-being of the insane. The enunciation of this proposition really will carry conviction of its truth to the minds of all who are conversant, on the one hand, with workhouse buildings and management; and on the other, with the requirements of the insane, and might well be let pass without argument. However, the Commissioners have perceived the necessity of its illustration, and we will quote their opinions and statements:—

"The general object for which workhouses have been erected, is to provide, as economically as may be, for the residence and maintenance of the merely indigent; and in order to test the actual

wants of those applying for admission, and to check imposition and abuse as far as possible, a reduced diet, task labour, confinement within the narrow limits of the workhouse premises, and other stringent conditions, have been thought necessary. Most unfortunately, however, as a rule almost without an exception, these stringent conditions (adopted to meet the cases of able-bodied paupers of sound mind) are not only unnecessary for the insane, but are obviously very unjust and detrimental to them; and where they do not tend to increase the mortality of the patients, they serve to insure the prolongation of the disease.

In the construction of workhouses for ordinary purposes, it is found necessary to provide for the separation of the inmates into several distinct classes, and this principle is further carried out by the restriction of each class to a certain prescribed portion of the premises, so as to prevent intercommunication. At the same time, the means of out-door exercise are very scanty; and it would be difficult to imagine any thing so ill-adapted for their insane inmates as the small prison-like yards surrounded by high walls or buildings, which constitute generally the sole means of healthy air and movement provided in the union Houses.

The same adverse incidents attach to the modes of direction and administration unavoidably adopted therein. Every workhouse is placed under the management of a Board elected by the ratepayers, and of certain ex-officio guardians; and the expenditure is entrusted to this Board. Much vigilance, reasonably enough, is exercised by the electors; and it is this circumstance perhaps more than any other, which has most frequently led to the curtailment of the comforts and of the wants of the insane inmates.

The persons having the immediate control of the establishment, are the master, the matron, the medical officer, and other persons appointed by the Local Board, and subject to their authority. The rules in force, and under which these officers act, are mainly devised to check disorderly conduct in ordinary paupers; and it is needless to say with how much impropriety they are extended to the insane. Any increase of excitement, or outbreak of violence, occurring in the cases of such patients, instead of being regarded as a manifestation of diseased action requiring medical or soothing treatment, has subjected the individual to punishment, and in several instances led to his imprisonment in a gaol. In addition to these hardships, the lunatic patient is for the most part precluded from leaving the workhouse at his own will. In effect he becomes a prisoner there for life, incapable of asserting his rights, often of signifying his wants, yet amenable to as much punishment as if he were perfectly sane, and a willing offender against the laws or regulations of the place. Nor, as will hereafter be seen, is his lot much better in the particular cases where it is convenient to the authorities to relax those restrictions, and give him the power at will to discharge himself."

In some smaller workhouses in rural districts, well placed in open localities, affording opportunities for exercise and means of occupation, their few imbecile inmates, associated with the ordinary paupers, are found in a favourable condition. Yet, add the Commissioners "the smallness of the workhouse affords no warrant that curable and dangerous lunatics will not be detained therein, and we have found cases of gross neglect and mismanagement in the most remote and rural districts."

Of the workhouses of the metropolis and of other large towns, nothing commendable, nothing in extenuation of their continued appropriation for the detention of insane paupers, can be advanced, but the contrary. "The large proportion are of large size, old, badly constructed, and placed in the midst of dense populations. The weak-minded and insane inmates are here generally crowded into rooms of insufficient size, sometimes in an attic or basement, which are, nevertheless, made to serve both for day and sleeping accommodation. They have no opportunity of taking exercise, and from the want of space and means of separation, are sometimes associated with the worst characters, are subjected unnecessarily to seclusion and mechanical restraint, and are deprived of many of the requisites essential to their well-being. The same remarks apply to workhouses in large provincial towns, where there are crowded populations, and where separate wards are provided for the insane."

Whilst the intermixture of the insane and sane inmates of a workhouse together is prejudicial to both classes, it is on the other hand embarrassing to the management, and a disturbance to the general economy of the house; nevertheless, intermixture with all its evils, would appear preferable to separation by isolating the insane in distinct wards. The persuasion entertained by Poor-Law Guardians, that they can so much more cheaply provide for the insane poor in workhouses than in asylums, has led to patients being frequently kept from the county asylums, in contravention of the direct intent of the Act of Parliament, even when there has been accommodation for them; but a more prevalent cause of the accumulation of the insane in workhouses is to be found in the fact, that most county asylums have been unable to find room for nearly all the pauper lunatics entitled to their shelter. Thus, finding themselves from one cause or the other, with more or fewer lunatics on their hands, and discovering the ills consequent upon an intermixture of sane and insane paupers in the same apartments, Boards of Guardians

have been prompted to set apart certain wards, or to build others with the express object of accommodating them. In some few instances, the prevalence of more correct notions of the special requirements of the insane, has induced the erection of detached wards, approximated to a certain point to asylums, as, for example, Bath and the City of London.

At first sight this sacrifice to a correct principle of treating and lodging lunatics apart from the other paupers, might be supposed an amelioration of the condition of the poor patients concerned. It is, however, far from being so, and the Commissioners have found and shown good reasons for condemning the plan, ever since they have been charged with the supervision of lunatics in workhouses. In their ninth report, they observe that "the wards become in fact places for the reception and detention of lunatics, without possessing any of the safeguards and appliances which a well-constructed, well-managed lunatic asylum affords:" and again, in their eleventh report, they complain of the rapid increase in the number of special lunatic wards erected in connexion with workhouses, notwithstanding their reiterated condemnation of them, and state that they are impressed so strongly with a sense of their many evils, that they felt it a duty, "to address the Poor-Law Board against the expediency of affording any encouragement or sanction to their further construction." In their last public paper, the supplementary report, they present a *resumé* of the grave objections they discover in their construction, character, and organization, in the following paragraphs:—

"Notwithstanding this inconvenience, however, we are strongly opposed to the introduction of separate lunatic wards: the mode of government in such establishments, the rules to which they are subject, and other circumstances, offering most grave objections thereto.

Of workhouses having separate wards, some have existed for a considerable time, and others are of recent construction. In some of the wards attached to the old workhouses, the rooms are crowded, the ventilation imperfect, the yards small and surrounded by high walls; and in the majority of instances the bedrooms are used also as day-rooms. In these rooms the patients are indiscriminately mixed together; and there is no opportunity for classification. There is no separation where the association is injurious; and no association where such would be beneficial. In fact patients of all varieties of character, the weak, the infirm, the quiet, the agitated, the violent and vociferous, the dirty and epileptic, are all mingled together, and the excitement or noise of one or more injures and disturbs the others. The restless are often confined to bed to

prevent annoyance to the other patients, and the infirm are thus disposed of for the want of suitable seats. Their condition when visited in the daytime is obviously bad, and at night must be infinitely worse. Even in workhouses where the wards are so constructed as to provide day-rooms, these are often gloomy, much too small in size, and destitute of ordinary comforts; while the furniture is so poor and insufficient, that in some instances, there being no tables whatever, the patients are compelled to take their meals upon their knees. Other cases to be hereafter mentioned will indeed show that it is reserved for lunatic wards of this description, and now happily for them only, to continue to exhibit some portion of that disregard of humanity and decency which at one time was a prevailing characteristic in the treatment of insanity.

Occasionally, indeed, in those workhouses where lunatic wards are of recent construction, the accommodation for patients is better; but they all want the continued superintendence of a resident medical officer and the assistance of a sufficient staff of properly qualified attendants, and they are greatly deficient in reference to diet, exercise, occupation, and general arrangements. For the most part, the rooms are gloomy and prison-like, and considerable expense has been repeatedly incurred in formidable contrivances to prevent escape or accident, which any proper system of nursing and attendance would have rendered quite unnecessary."

This gloomy picture of the condition and operation of lunatic wards, bad as it is, does not convey the same vivid impression of the state of their unhappy inmates, as do the particular illustrations afterwards appended, nor does it represent all their contingent evils. For, to continue our extracts from the report.

"The source from which the most grave objections to the separate ward system take their rise, remains to be noticed. In places where such wards have been opened, there is an obvious determination on the part of the guardians to consider them as constituting lunatic asylums. All, or nearly all, the patients belonging to the union, whatever the forms of their disease, are in the first instance most improperly sent to the workhouse, and are then generally detained there. At Oldham, where there are two separate wards, the one appropriated to women is placed under a management distinct from that of the workhouse generally. The master exercises no control over the patients, who are placed under the charge of a matron specially appointed for the purpose. In like manner, in the Nottingham and Blackburn Workhouses, the insane wards are under the care of a nurse and attendant, who are invested by the guardians with an authority which in some degree supersedes that of the master or matron. Until recently the latter,

the only responsible functionaries, did not exercise that full supervision over the insane inmates which it is very desirable that they should at all times possess over the entire workhouse; and the class and kind of substitute generally provided is of a very inferior kind."

It is unnecessary to extract, at length, the observations of the Commissioners on the absence of supervision, proper attendance, medical records, and treatment. Suffice it to say, that "generally, the supervision is altogether defective. The servants (insufficient in number) are incompetent and poorly paid, being in most cases pauper inmates." Records are, as a rule, absent, and even when attempted, at the solicitation of the Commissioners, are most scanty; yet it is found "that the defects radically incident to the workhouse system, carry with them an almost necessarily large adherence to mechanical coercion: in itself a sure and certain test of utter neglect, or of most inadequate means of treatment. . . . There is no register known to the Commissioners, by which any accident or mis-usage, any wound or fracture, a death, or cause of death, can be ascertained. If he be deprived of his food (as very recently in the Bath workhouse, where his food was stolen from him), or is otherwise ill-treated, the fact does not appear in any positive shape . . . above all, he is deprived of efficient and authoritative official visitation. The Visiting Justices never inspect the lunatic wards in workhouses, and our own visits are almost useless, except as enabling us to detect the evil that exists at the time of our visit, and which, after all, we have no power to remove."

The results of neglect, in deteriorating the condition of patients, are well-known to every asylum Superintendent, who sees them exemplified in the state in which patients are when admitted under care, and in the deterioration which ensues when in the pursuit of a fallacious economy, so-called "harmless patients" are transferred from the asylum to the workhouse. The remarks of the Commissioners under this head are most humane and judicious. They observe on the frequent inability of many poor sufferers to state their wants and complaints, and that "those who suffer most are often the least complaining." Yet the very fact that a patient is quiet and uncomplaining, furnishes guardians a reason for not sending him to an asylum.

"In a very recent case of semi-starvation at the Bath Union when the frauds and thefts of some of the attendants had, for a considerable time, systematically deprived the patients of a full half

of their ordinary allowance of food, the only complaint made was by the wan and wasted looks of the inmates. The melancholic and taciturn especially, when (as is often the case) their physical condition is enfeebled by very long privation, remain quietly suffering until their malady becomes confirmed and incurable. Placed in gloomy and comfortless rooms, deprived of free exercise in the open air, and wanting substantial nutriment sufficient to promote restoration, they pass their lives in a moody, listless, unhealthy, inactive state, which is fatal to their chance of ultimate recovery.

For cases like these a workhouse is the most unfit, and the asylum the most proper place; and the error of considering manifestations of violence, excitement, or dangerous propensities, as the only or principal reasons for removing a patient from a workhouse to an asylum, cannot be too widely denounced.

The chronic and less hopeful patients, in like manner, who have become insensible to their ordinary wants, and inattentive to the calls of nature, are most unfortunately situated when detained in a workhouse. Little or nothing being done to revive a sense of decency by vigilant attention and judicious care, they sink into deplorable discomfort, and exhibit the lowest state of mental and bodily degradation."

The discrimination of the extent and form of the insanity, and the mode in which the patient is dealt with accordingly; whether he is adjudged a fit subject for asylum treatment, or for prolonged residence in the workhouse, or for the privilege of being allowed to discharge himself, are matters conducted according to no sound principle, and often in opposition to all the teachings of experience. The chief element in determining the residence of a lunatic in the union-house, or otherwise his transfer to the county asylum, is the amount of trouble and expense he puts the institution to. If very refractory and mischievous; if of very dirty habits, and propensities requiring much watching; if sick, paralyzed, or infirm, needing attentive nursing and medical treatment; then, under these or similar circumstances the patient is commonly sooner or later sent forward to the asylum; the question of the recency of his attack and its amenability to treatment, is not considered.

"Again many inmates are to be met with in workhouses, able to perform a small amount of useful labour, but who yet are so obviously deficient in mind as to be incapacitated from taking care of themselves out of doors, or of earning their own living. Nevertheless, the fact of these patients thus employing themselves is often deemed sufficient to exclude them from the list of persons of unsound mind.

In such instances we think it right to inquire whether the pauper would be permitted to "discharge" himself, and quit the workhouse, on giving in the ordinary notice; and we recommend invariably, whenever such notice would be refused on account of the patient's inability to take care of himself in the world, that he should be placed on the insane list, and his case attended to accordingly.

Indeed, under the orders issued by the Poor Law Board (3 Off. Cir. 40), the Guardians have no power to detain a person of weak intellect, unless there be reasonable ground to suppose him incapable of taking care of himself. It is obvious, however, that this is not always a safe test when depending (as it does) upon the judgment of parties who are hardly competent to form a correct opinion on the subject, and who are interested in diminishing the parish expenditure. At all events, whenever persons of weak mind are thus allowed to discharge themselves, it is of the greatest importance that the discharge should not take place without the previous examination and express sanction of the medical officer of the workhouse: and the relieving officer should at the same time be required to watch over and visit patients of this description *after* their discharge; while such an amount of out-door relief ought to be afforded to them as may be necessary to enable them, meanwhile, to support themselves.

Much circumspection is especially required in permitting females, whose mental state is at all doubtful, to leave the workhouse, since cases are unhappily of not unfrequent occurrence, where the women of this class have returned after a time in a state of pregnancy. The absolute necessity of extending greater protection to idiotic and weakminded women, has uniformly been recommended by us."

The examples in illustration of the wretched and disgraceful state of things, last alluded to, which the Commissioners' recommendations have failed to arrest, are so remarkable, that it is well worth devoting the space necessary to their recital, in order that by giving them greater publicity, public attention may be aroused to put a stop to this blot upon English civilization.

"In the Newark Workhouse, among other instances, two females were met with during the past year, who, although classed as of weak mind, were in the habit of discharging themselves, and after a short absence returning in the family way. Each of them had three illegitimate children in the house; and it became the duty of the Visiting Commissioner strongly to urge upon the Guardians the necessity of exercising the powers vested in them of absolutely refusing to allow these women again to quit the house. This, however, the Guardians did not feel themselves justified in doing; and at a subsequent visit, in November last, one of these females had again been permitted to leave. In the Walsall Workhouse we

found an idiotic female who had had four illegitimate children; and in the Monmouth Workhouse, two imbecile paupers, each of whom had had three illegitimate children, and one of whom was pregnant. In the Tamworth Workhouse there were two idiotic females, of whom each had a child.

In addition to these cases, moreover, it is right to state that a far more painful instance of the evil of allowing inmates of weak mind to leave the house, and go into the world unprotected, lately came under our notice in the Martley Workhouse in Worcestershire. A female who had for some time been classed as of weak mind, was struck off the list in 1856, and was allowed to leave the house for the purpose of saving expense to the parish by earning something by hop-picking. This woman had previously had two illegitimate children by paupers in the house, one of whom had died; the other (a girl about 10 years of age), she took with her, on quitting the house, to her mother's home. When there, she and her daughter slept in the same room with her father-in-law and her mother, and in the same bed with two of her brothers. The result of this indecency was, that she returned to the workhouse in the family way, and was delivered of a child, the father of which she distinctly stated to be one of her brothers, but which of them she was unable to specify. This woman, though able to perform some useful work, was decidedly of weak mind; and there can be no doubt that, under the circumstances, the guardians were justified in detaining her in the workhouse; but this is not done; and she only accidentally came under the notice of a member of this board, to whom the foregoing particulars of her case were communicated. When it is remembered that the offspring of these weakminded females but too frequently inherit and communicate to their own children the imbecility of their mothers, the importance of more stringent regulations will at once be apparent. At a visit to the Calne Workhouse, a few years ago, a member of this Commission saw three paupers, the grandmother, the mother, and the daughter, all imbecile, one or two, indeed, verging on idiocy; and we have been assured that the same transmitted defect of intellect has been observed in the fourth generation."

We have thus far analyzed the first part of the report, occupied with the evidence of the unfitness of workhouses in structure, in organization and in management, as places of detention for the insane; let us perform the same task for the second portion of this most important document, which undertakes to exhibit the manner in which the insane inmates are actually dealt with. We may premise by saying, that the history detailed reads like a page from the Parliamentary inquiry in 1814—15: it tells of similar wretchedness, neglect, cruelty, and coercion, and makes us feel ashamed of the boasted civilization of the nineteenth

century, which can have allowed such a state of things to continue and flourish so long unrevealed to the public, and unremedied.

The necessity of supplying insane patients with nutritious food, remark the Commissioners, is now universally admitted, yet, in their visits to workhouses,

“So scanty has the diet appeared to us, in very numerous instances, that we have animadverted upon its inadequacy, (both as respects quantity and quality), and recommended that the insane portion of the inmates should be placed upon extra or sick diet, as a general rule, adapted to their case. In very few instances, however, has this recommendation been attended to.

It is right to state, that such failures are in no respect attributable to any instructions or regulations of the Poor Law Board. The medical officer of a union has full power (by the Consolidated Order 207, Art. No. 4), “to give directions” “and make suggestions as to the diet, classification, and treatment of the sick paupers, and paupers of unsound mind.” Nevertheless we find, that the latter patients are for the most part kept upon the common poor diet of the house, and where even additional food is allowed, which is occasionally the case, it is generally insufficient to insure a healthy physical condition. The order above referred to (classing the sick and those of unsound mind together), evidently suggests that better diet should be prescribed for these patients than for ordinary paupers; yet the power thus given, although backed by our constant recommendations, is rarely exercised by the medical officer.”

The last observation is worth noting. It seems surprising that Union Medical Officers do not learn the value of good diet in improving the condition of the insane, both physically and morally; in rendering them less mischievous, less troublesome, less annoying in their habits, and, as a consequence of these conditions, less expensive to manage. If they failed to acquire this knowledge from their own experience, they might attain it by reading; for, alas! the defective information of most members of the profession, not connected with asylums, respecting the wants of the insane, their treatment and their management, is lamentable. But supposing the Parochial Medical Officers did duly appreciate the value of a nutritious diet for the pauper insane under their charge, the principal cause for the Commissioners' complaint, that they do not so much as exercise the power lodged in their hands by law, and improve the dietary of their patients, even when they would be seconded in the attempt by the Lunacy Commissioners

themselves, is to be found in their want of independence. The power over their appointments held by the guardians, and the system of contract pursued, whereby they may, at any time that a declaration of a vacancy is made, lose their appointment by some professional brother underbidding them, are conditions destructive of independent action. To reduce the cost of the poor is the primary article in the creed of the parochial officers; and the medical officer is accounted a grievous offender who transgresses the grand principle, by ordering extra diet for the pauper sick; and can be absolved only after becoming penitence, and promise of amendment. If he prove recusant, he may succumb to the penalty of being replaced by a more yielding and cheaply-working successor.

The noble chairman of the Lunacy Commission took occasion, in giving his evidence before the recent "Select Committee on Lunatics," to refer to the want of independence of Union Medical Officers, and to its ill consequences in relation to the lunatic poor; and his remarks are too important to be passed over now that the question is opened. They occur in reply to queries 681 and 698; we quote the former:—Mr. Drummond puts the question, "they (the guardians) employ persons who will perform the duty at the lowest price;" and Lord Shaftesbury replies in the affirmative, and says, "when a medical man sees a case, and he is convinced that a patient ought to be sent away to a lunatic asylum, or he sees a case, and is convinced that the patient ought to have higher diet, and receive all those little comforts which are necessary in his condition, the truth is, and it ought not to be concealed, that the medical man is so completely under the control and influence of the guardians, that oftentimes he does not dare to do his duty."

The considerations we have advanced on this topic, and the very distinct declaration of Lord Shaftesbury, indicate the necessity of a remedial measure to give imperative weight to the Commissioners' recommendations respecting the dietary of the insane in workhouses, and of a scheme whereby the transmission of pauper cases to asylums should be lodged in the hands of a competent and independent physician, instead of remaining in those of the union medical officers, of whose shortcomings in the discharge of this duty, not only the report under notice furnishes abundant evidence, but also the reports of our county asylums, in which complaints are constantly entered of the delay of recent cases in workhouses, of the ill-treatment undergone

by the insane before admission, of the wretched state in which many are sent, and of the cruel transmission of the most unfit cases for removal. To revert more especially again to the report before us, examples are quoted of the character of diet allowed in various workhouses; from which we learn that in some, one scanty meat dinner per week is all the higher description of food allowed; on other days, the dinner consists in different places, of weak soup, of bread and cheese, of suet pudding, or of rice-milk, or other very spare materials. "It is at the same time right to add that in some workhouses the diet is on a more liberal scale, meat being allowed on three or four days a week, and soup of a fair quality on other days. In a very small number of houses a meat dinner is given every day."

"As regards the medical treatment of the insane, no better instance of its total inadequacy in the lunatic wards of workhouses could be named than that which is presented by the Leicester Union, where the medical officer makes quarterly visits only. No special provision upon the subject is indeed thought necessary, and it is nowhere laid down as a rule, that the ordinary visits of the medical officer should invariably be extended to the lunatic ward."

Attendance and nursing stand on about a par with medical treatment. Economy, of a crude form indeed, is the golden maxim in a workhouse: hence paid nurses are reckoned extravagancies, and pauper lunatics, save in a very few instances, assume their functions; not selected on account of their fitness or readiness, of their superior medical or moral capacity, or of the excellence of their temper, but generally on the opposite principle, that they are useless in any other capacity, or too troublesome elsewhere, or so feeble-minded that, on the homœopathic principle of *similia similibus curantur*, they may be trusted, without misgivings, with the custody of their more weak-minded fellow-prisoners. "These persons have rarely any regular wages, however small; but in return for their labour are occasionally requited by some trifling gratuity, such as an allowance of beer or of spirituous liquors, or an increase of diet . . . Yet" (adds the report)

"To such individuals, strait waistcoats, straps, shackles, and other means of restraining the person are not unfrequently intrusted; and they are, moreover, possessed of the power of thwarting and punishing at all times, for any acts of annoyance or irregular conduct, which, although arising from disease, are nevertheless

often sufficient to provoke punishment from an impatient and irresponsible nurse."

The only exceptions to this system of employing pauper inmates as nurses, are extremely few, and are found "in a few of the large workhouses having separate wards," and wherein an approach is made to the constitution of an asylum. For example sake of the general plan pursued, the following instances are adduced:—

"1. In the Stepney Union, at Wapping, the nurse is a pauper receiving no pay, but having extra food, and two pints of beer daily. The matron said that she was kind towards the patients (30 in number); but her manner certainly did not indicate kindness. Inquiries being made as to the diet, she could not (although she asserted she knew "all about it") tell the amount of food at any meal. After repeated mistakes in giving the names of the patients, she insisted that she went "entirely by her list." On the list being produced, it was found that she could not read (November, 1857.)

2. In the St. Alban's Workhouse, the nurse having the care of the insane females was herself decidedly of unsound mind. She was allowed half a pint of beer daily, and no other remuneration for her services. As she was of weak intellect and very excitable, the Visiting Commissioner strongly urged the necessity of the Guardians engaging a competent paid attendant (30th December, 1857.) This suggestion however, it was found at the last visit, had not been attended to.

3. In the St. Martin's Workhouse, a violent lunatic was entrusted to the supervision of an old pauper, 70 years of age ("the keeper of ward F.") The patient appears to have been placed in a room, in which were a poker and other dangerous articles; and on being relieved from restraint which had been imposed upon him, he struck the feeble old pauper on his head until he died (July, 1857.)

Without giving further instances, we may confidently state, that, as a general rule, the attendance and nursing in workhouses are totally inadequate."

We now come to the revelations respecting the interior accommodations which Boards of Guardians approve or tacitly sanction, for these unfortunate persons whose insanity is aggravated by poverty, either unavoidable, or induced by the actual outbreak of the disease itself. The remarks of the Commissioners on these things are so concise and withal so extraordinary, as not to sanction an abridgement.

"In many instances (they write) the crowding is excessive; the ventilation of the rooms imperfect; and the furniture, even of the poorest description, scanty and insufficient. The deficiency of

tables, and seats for the helpless and feeble, is almost constantly observed; and the want of such suitable seats frequently renders it necessary to keep patients always in bed. Even articles of furniture indispensable to order, decency, and cleanly habits, are often most sparingly supplied, or altogether wanting. In the Blackburn Workhouse, we found the small day-rooms on the male side encumbered with large iron guards and heavy restraint chairs; and in one room on the woman's side, used both as a bed and day-room, the beds were until recently so close as almost to touch each other, and a large portion of one apartment containing beds was boarded off as a privy. In addition to similar discreditable arrangements, the patients have frequently no means of bathing, and very scanty means are provided for washing their persons. A tub frequently supplies the place of chamber utensils in the dormitories; and we have ascertained that in some cases the vessels which are used as urinals in the night serve for patients to wash, or be washed in, in the morning. It rarely, happens, indeed, that patients in workhouses have any proper means of washing themselves near their bed rooms; a trough or sink, common to all, being for the most part substituted for basins. Occasionally, the patients wash out of doors at the pump, or in tubs or bowls placed, whatever the season, in an outhouse, or an open shed.

The provision for the supply of hot water, and for bathing, is in like manner, almost without exception, extremely deficient; and in workhouses containing large numbers of the insane (many of whom are habitually dirty in their habits), proper baths easily accessible are very rarely met with.

It should be remarked that patients of the insane class require to be more warmly clad than is usual with other persons; yet this point is very rarely attended to, their clothing in many workhouses being scanty and insufficient, as well as ragged and defective in cleanliness. In some cases, the material is unsuitable; and the epileptics are often dressed in linen or cotton instead of woollen clothing, which is so desirable not merely on account of warmth, but also as a protection against accidents from fire. Nor, as too often happens, is any under clothing supplied, even to the old and feeble.

In some workhouses the bedding is entirely of straw, and in most of them all insane patients of uncleanly habits sleep upon straw, which is also frequently placed loose in a trough bedstead, and covered with a blanket. In many cases the condition of the bedding used by wet and dirty patients has been found most disgraceful; and the practice of using, night after night for these patients, beds filthy with dirt, and often rotting from frequent wetting, has been many times animadverted upon, and cannot be too strongly condemned. It may be added, that where the bed (which is sometimes the case,) consists of cotton flock, it soon gets into lumps, and becomes very uncomfortable; and that when used

for sick and bed-ridden patients, it prevents sleep, or occasions bed sores, owing to the hard and irritating character of the material.

In addition to the want of cleanliness in the bedding, the blankets are generally thin and small, and are often quite inadequate to afford sufficient warmth to the patient during the winter. In the insane wards of the Blackburn Workhouse, at an inclement season of the year, there was not more than one blanket on any bed, and on many there were none whatever; a rug or coverlet only, of no great thickness or warmth, being supplied as a substitute.

In some workhouses the most objectionable practice of placing two male insane patients to sleep in the same bed, constantly occurs. This practice we have invariably most strongly discountenanced, and have required that, so far as the insane were concerned, it should be discontinued. In some instances a sane pauper has been placed to sleep with one of weak mind. In others, two wet or dirty patients have been found sleeping together, or a dirty patient with one of cleanly habits. At a night visit to the Huddersfield Workhouse, two idiotic men, who were uniformly dirty in their habits, were found sleeping together in a state of perfect nakedness."

When we turn from these disgusting and disgraceful conditions of in-door life, to inquire what conveniencies are afforded the lunatics in workhouses for out-door exercise, recreation, and employment; we encounter a similar catalogue of evils and defects. Out-door exercise is rarely available, "it is seldom or never prescribed by the medical officer of the institution, and not often permitted by the master of the workhouse; by whom the regulation found necessary, perhaps, in the case of ordinary inmates, that the pauper should be confined within the workhouse limits, is brought to bear upon the insane also." This confinement, at all times irksome and disadvantageous to the mental state of the insane,

"Becomes trebly harsh and detrimental, in London and the larger towns, where the workhouse premises are limited almost to the site of the house itself, and to those small yards encircled by the high buildings which are necessary to enable the inmates to pass from one portion of the establishment to another. In these instances, the yards or spaces between the buildings are beyond expression dismal, damp, ill-ventilated, and unhealthy. It would be difficult to select places so entirely unfit for the purpose of exercise, or so prejudicial to the mental or bodily state of the persons confined. In effect, an enormous injustice is thus committed upon hundreds of helpless patients, from whom the benefit of the Lunacy Acts (assigning public asylums to the insane) has been virtually withdrawn, and for whom no other legislative help has yet been provided."

The examples given in illustration of these statements would have justified still stronger language than the Commissioners employ in condemnation of the miserable yards substituted for places of exercise. But we must pass on to another subject without staying to quote these examples. The reader of the description of the state of the insane in workhouses, and out of doors, will not be surprised to learn that mechanical coercion and seclusion are in nearly constant requisition as a "substitute for better and more humane arrangements. It is habitually employed to restrain the idle and mischievous propensities of patients who are otherwise harmless, and in effect is employed merely to save the expense of efficient and responsible attendants." It would seem that by an order of the Poor-Law Board, the master of a workhouse is required "to report forthwith to the medical officer and to the guardians, in writing, all cases in which any restraint or compulsion may have been used towards any pauper inmate of unsound mind in the workhouse, and the matron is also required to report to the master, instances occurring on the female side. But these important provisions are rarely complied with; and, with one or two exceptions, no official record of restraint or seclusion is kept."

Immense trouble has been taken to abolish mechanical restraint in asylums, or at least, to diminish its use except in very peculiar cases, and to deprive attendants or others of the power of imposing it. Yet the above quoted paragraph shows, that not one half of the philanthropic task is completed; that instrumental restraint may be applied in any workhouse in the kingdom, at the will and pleasure of the most unfit attendants ever called upon to minister to the wants of the insane; and that no record of its use is kept, and no one accountable for it.

The same statements apply to seclusion. "It is employed usually at the discretion of the nurses or attendants, and without the knowledge of the medical officer or master. No register of its employment or duration is kept, and cold, damp outhouses are used in some cases wherein to seclude patients . . . Upon one occasion it was discovered that a patient had been confined in the dead-house, . . . to repress some temporary excitement."

We now recount, in the words of the Commissioners, the modes and extent of mechanical coercion found in active employment in workhouses generally. The account is well deserving quotation in full, for we trust it is the last

record of the sort that will require a place in any public document or report.

A catalogue of instruments and mechanical contrivances, which most men had flattered themselves were consigned to the sealed cases of asylum museums, or to utter destruction, some years gone by, re-appears in the extract from the Commissioners' report which now follows :—

“ Of the particular modes of coercion employed, restraint-chairs, chains, handcuffs, leg-locks, muffs, straps, and strait waistcoats, may be stated as in very frequent use ; and these, as we have seen, are entrusted to pauper inmates of the workhouse, and are applied without the sanction, and probably without the knowledge, of the medical officer or master. Upon a recent visit to the Dewsbury Workhouse, three men and one woman were found under restraint ; one man being fastened by a chain and handcuff to a bench, another chained by the leg to a bench, and a third wearing iron hobbles on the ancles attached by a short chain. The female was chained by the leg to a bench. It was found that two other women were frequently treated in the same way ; and one of them had a sore on the ankle produced by the iron leg lock. Most of these patients were also chained in bed at night. None of them were either violent or dangerous, although they had been so chained for many months ; and the only reason assigned for this treatment was that some would run away and others get out of bed. In the Bury Workhouse, the Visiting Commissioner found three men restrained, two being strapped to the bedsteads and one having his hands confined in leather muffs. On a bedstead in one of the men's wards were observed iron staples, shackles, chains, and a piece of strong cord, all evidently intended to be employed for the purpose of fastening down violent patients.

At the Llanelly Workhouse, a female, who was not entered in the proper list as being of unsound mind, was found to be restrained during paroxysms of epileptic mania by means of a strong dress laced down the back with a cord, whilst her arms and feet were secured to an iron bedstead. The matron stated that the patient was thus restrained for periods varying from a few days to a week ; and that, besides being very dirty in her habits, she was so violent at those times that it was not safe to set her at liberty. It appeared further that the medical officer did not sanction the restraint. The patient was undoubtedly a dangerous lunatic, and the Visiting Commissioner recommended that she should at once be removed to an asylum. The guardians, however, persisted in an attempt to justify their proceedings, and to prove her harmless ; and they obstinately refused to remove her according to the recommendation.

At a recent visit to the Workhouse of St. George the Martyr, Southwark, three females were found in bed restrained by strait jackets. It was stated that they were thus constantly restrained

both day and night, and had been so for some considerable time previously. In one of the cases, the patient had been gradually getting worse during the last three months; there can be no doubt, in short, that patients like these are continually so treated only for want of better appliances."

But the sad history of the insane in workhouses does not cease here; there is one other cruel injustice they are exposed to, viz., imprisonment in gaol. The humane dictates of the law and of society are ignored, and imbecile and other lunatic paupers are consigned to prison because their mental failing, in the absence of that system of management and treatment, and of those appliances which should surround them, and under the influence of many causes of irritation they are exposed to, leads to the commission of offences and irregularities, contrary to workhouse discipline, or acts as an obstacle to their performing their allotted tasks. The particular instances cited by the Commissioners well deserve perusal, but our space forbids us to do more than add the concluding paragraph of this section of the report.

"A very grave injustice, it is hardly necessary to add, is thus committed in punishing by imprisonment individuals who are recognised and officially returned as being of unsound mind. These persons in no respect differ from the class of the insane usually met with in asylums, and are equally entitled to the same protection, and the same exemption from punishment. Instead of such protection, however, the patient is exposed to double injury. Firstly, he is subjected to various sources of irritation while confined in the workhouse, directly occasioning excitement: and secondly, the mental disturbance resulting therefrom is regarded as a crime, and is punished by imprisonment."

The Commissioners in Lunacy attribute the sad state of things above sketched to the neglect and evasion of the law by the officers of unions and parishes. Instead of at once sending an ascertained case of lunacy to the asylum, according to the true intent and purpose of the Lunacy Act, these officers almost universally cause the removal of the patient in the first instance to the union workhouse, where, if he seem quiet and harmless, he is suffered to remain. The law is also frequently neglected, even in the case of violent and dangerous patients, particularly in large unions which have provided lunatic wards. Another consequence of the neglect in transmitting cases on the outbreak of the malady, to the asylum for treatment, is the great increase of pauper lunacy in the country.

Before summing up the results of their inquiry in the "conclusion" presently appended, the Commissioners briefly raise another question of great importance in determining whether workhouse detention of lunatics should be sanctioned, and when it may be interdicted; viz., the comparative cost of lunatics in workhouses and in asylums. They point out that the weekly charge for maintenance in workhouses is not comparable with that calculated in asylums. The same items of expense are not included in the two cases; the workhouse charge includes only food and clothing, but that of the asylum comprehends every item except those for building and repairs. In other words, there are two funds between which the cost of lunatics in workhouses is divided, viz., that for maintenance, and that for the establishment. Again, in workhouses a majority of the inmates consists of children and infants, whereas, in an asylum, the whole population, with few exceptions, is adult. The length to which this paper has already extended, forbids our entering at large into an examination of this point; and, indeed, it is the less necessary to attempt it, since it has been partially discussed in papers in past numbers of this Journal, and more completely so in the last report of the Devon County Asylum. The same apology must serve us for not doing more at present than to transfer the "conclusion" as it stands in the report, to these pages, reserving the discussion of some of the suggestions to a future occasion. To proceed, the Commissioners write:

"To remedy many of the evils adverted to would in our opinion be impracticable, so long as insane patients are detained in workhouses, whether mixed with other inmates or placed in distinct wards.

The construction and management of workhouses present insurmountable obstacles to the proper treatment of the disease of insanity; and therefore the removal of the majority of the patients, and the adoption of stringent measures to prevent the admission of others, have become absolutely necessary.

The motive of the parish authorities in detaining insane patients in workhouses, instead of placing them in county asylums, has undoubtedly been that of economy: and the nominally large expense attendant on county asylums has led to this proceeding. But the difference in the amount of expense between an asylum and workhouse would be most materially lessened, if a similar mode of account were kept in each. At present many costly items under the head of maintenance are, as we have stated, included in the asylum account, which in the workhouse account are altogether excluded, and passed over to the common fund of the union. In

order, therefore, to place the question of expense fairly before the parish authorities, it is essential that the mode of keeping the accounts should be assimilated in each, and that in the asylum only food and clothing should be charged to the parishes, and all other expenses to the county. In such case, we believe it would be found that the charges in each would be brought so nearly to a level, that there would exist little or no inducement on the plea of economy to tempt the guardians to keep their insane patients in workhouses, instead of sending them at once to a county asylum.

To secure for the insane poor now improperly retained in workhouses due care and treatment elsewhere, it will be necessary to add greatly to the existing accommodation in county and borough asylums. Many of these are already upon so large a scale as not to admit of the necessary extension, whilst some are of a size much beyond that which is compatible with their efficient working. After full consideration of the subject in all its bearings, we are of opinion that the best mode of making provision for the insane poor who cannot be received into the present asylums, will be by the erection of inexpensive buildings, adapted for the residence of idiotic, chronic, and harmless patients, in direct connexion with, or at a convenient distance from the existing institutions. These auxiliary asylums, which should be under the management of the present Visiting Justices, would be intermediate between union workhouses and the principal curative asylums. The cost of building need not in general, much exceed one-half of that incurred in the erection of ordinary asylums; and the establishment of officers and attendants would be upon a smaller and more economical scale than those required in the principal asylums. Without the adoption of measures such as we have suggested, no effectual remedy can, in our opinion, be found for the present evils, which so urgently press for correction.

Whether or not such additional institutions as we recommend be provided, we think it essential that Visiting Justices of asylums should be invested with full power, by themselves or their medical officers, to visit workhouses, and to order the removal of insane inmates therefrom to asylums at their discretion. They should also be empowered, upon the report of the Commissioners, to order the removal into the asylum of pauper patients boarded with strangers.

And in the event of our obtaining your Lordship's approval of such suggestions for legislative enactment, we would further recommend that it should include the following provisions:

No lunatic or alleged lunatic to be received into or be detained in a workhouse, unless he shall have been duly taken before a justice or officiating clergyman, and adjudged by him as not proper to be sent to an asylum.

In any case, however, wherein an order for a lunatic's reception into an asylum shall be made by a justice or officiating clergyman, it

shall be competent to him, if, for special reasons to be set forth in his order, he shall deem it expedient, to direct that such lunatic be taken, *pro tempore*, to the workhouse, and there detained for such limited period, not exceeding two clear days, as may be necessary, pending arrangements for his removal to the asylum.

A list of all inmates of unsound mind to be kept by the medical officer of a workhouse, and left accessible to the Visiting Commissioners.

The medical officer to specify, in such lists, the forms of mental disorder, and to indicate the patients whom he may deem curable, or otherwise likely to benefit by, or in other respects proper for, removal to an asylum.

The Visiting Commissioners and the Poor-Law Inspector, to be empowered to order and direct the relieving officer to take any insane inmate before a justice, under the provision of the 67th section of the Lunatic Asylums Act, 1853.

In all cases of inmates of unsound mind temporarily detained in workhouses, the medical officer to be invested with full power as respects classification, diet, employment, and medical and moral treatment, and otherwise."

Here we must conclude our notice of this most important, and, we may add, painfully interesting report; for it is painful to find our insane poor placed under circumstances, not only discreditable to us as a Christian, but also as a civilized and humane people; and society owes a debt of gratitude to the Commissioners in Lunacy for the complete manner in which they have pursued their investigation into the condition of establishments only indirectly and secondarily subjected to their supervision. The ill results of their deficiency of power in dealing with lunatics in workhouses, and in controlling the provisions made for them, appear in almost every page of the report, and we trust that this defect will no longer obtain, but that Parliament will lodge in their hands the power to supervise and control the lunatic wards of workhouses to an equal extent, as it has empowered them to act in county and other asylums for the insane, which have derived so great an advantage from the existence and the activity of the Commission.

J. T. A.

The Necessity of Insanity as a Branch of Medical Education. By ROBT. BOYD, M.D., F.R.C.P.L., *Physician to the County Somerset Asylum.*

The last Public Lunatic Asylum Act, 16 and 17, Vict., c. 97, passed in 1853, "For the regulation of those institutions, and for the admission &c. of pauper lunatics, wandering lunatics, whether paupers or not; or lunatics, not paupers, not wandering, and who are not under proper care and control; and also lunatics who are cruelly treated or neglected by any person having charge of them, further provides for the medical visitation in every quarter ending with March, June, September, and December, of pauper lunatics and idiots who are not in any asylum or house licensed for the reception of lunatics." In the New Lunatic Asylums Bill, introduced this Session, by the Right Hon. Mr. Walpole, there is but one amendment affecting the public portion, which has relation to the medical certificate. The medical practitioner who is called by order of a justice to examine a supposed lunatic, is to certify not only that the person is of unsound mind or an idiot, but that he is also a proper subject to be taken charge of in the asylum, and he must also give his reasons for coming to such conclusion; firstly, from facts which *he has observed himself*; and, secondly, from facts *communicated to him by others*. These are usually the causes which have led to the inquiry of insanity, and it is of the greatest importance that he should make no confusion between those two classes of facts; he should give an account of every thing that is material in the certificate.

The medical officer of the union is liable to a penalty of £10 (sec. 70 of above Act) should he fail to comply with its provisions, as regards giving notice within three days of any person deemed to be a lunatic within his district, to the relieving officer, for the purpose of removal to the asylum. The prohibition of the medical officer of the union, signing the certificate, has now been repealed, and it may be remarked, that he is mainly responsible when persons who ought to be sent to the asylum are not sent there; besides the notices to the relieving officer, and the quarterly visitation already referred to, he is bound to make out a list within seven days after his visit, on a form to be provided by the Board of Guardians, and he must certify that his list contains all the lunatics and idiots within his district, and that they are

properly taken care of, and may properly remain out of an asylum ; or, if he think otherwise, he must specify those who are not properly taken care of, and ought, in his opinion, to be sent to an asylum.

Notwithstanding the responsible duties hereby imposed upon medical officers of unions, under the Poor-Law, and for the non-performance of which there are pecuniary liabilities, no special instruction is required on this branch of medicine by any of the medical corporations granting diplomas and qualifications for those appointments. A large proportion of medical practitioners, at some time or other, have held appointments under the Poor-Law, and have been called upon to perform acts, under the statutes relating to lunacy. It is, therefore, hardly necessary to point out the necessity of some preliminary knowledge of insanity to qualify the medical aspirant for more fully performing his public and professional duties.

I hope that this glaring defect in medical education may now be brought before the new medical board for their consideration.

Apart from the comfort the young medical practitioner would feel in being able to diagnose between a case of acute mania and delirium from fever, or to examine a case of unsoundness of mind in the presence of educated witnesses ; it is even of more importance to the patient, that no mistake should be made in the preliminary treatment which may and is constantly requisite, before more skilled knowledge and care can be possibly obtained. It is, therefore, highly essential that the medical student should be enabled and should also be required to give some attention to acquiring some knowledge of a disorder which is of common occurrence, and which requires special treatment.

Instances of lunatics at large, taken up by the police are very common, they are generally removed from the police station, or are taken direct to the workhouse, where they remain, not only during the time limited by law to 14 days, but sometimes for weeks or months for want of room in the asylums, especially in Middlesex ; which may account for the assertion that insanity is less curable in that than in other counties in England. If those cases were received into casual wards fitted up for the purpose in an hospital, even for a period of 14 days, the medical student would have an opportunity of being made acquainted with the preliminary treatment during the acute stage, and thus obtain a practical knowledge which he would find most useful hereafter. The lecturer on practice

of medicine, would have the means of referring to cases in, or which had been in the hospital, for his illustration of that portion of his lectures which must now be without the illustration, and therefore comparatively uninteresting. Large numbers are not essential, a few cases will serve for clinical instruction. In the Edinburgh Royal Infirmary, where the most systematic clinical instruction was formerly carried out, only a few wards and a comparatively small number of beds were devoted to the purpose. Neither might it be advisable to burthen the medical student with the additional expense or labour of attending more lectures than at present, but merely afford the lecturer on medicine the means of illustrating the nervous diseases more fully, by opening for him at every hospital to which a school of medicine is attached, one or two wards for the reception of a few patients, such as, recent cases of mania, epilepsy, "epotu" as known to military surgeons, combined with mania, and delirium tremens.

On General Paralysis. By Dr. HARRINGTON TUKE.

There is certainly no physician now engaged in the treatment of mental disease, who is not perfectly acquainted with that peculiar form of malady designated as general paralysis. In the wards of the public hospitals for the insane, in our consulting rooms, and in our private asylums, the disease in all its stages is perpetually passing under our observation. Its claim to rank as a special form of disorder is perfectly understood; its diagnosis has become speedy and certain; and yet in general medicine it is almost unknown, its most prominent features are overlooked; its indices are disregarded, and its very existence, except as either a modification of paralysis or a complication of lunacy, has been and is denied by able and experienced practitioners.

It is still a debated question whether the sub-division of medical practice into special branches be or be not advantageous to medicine as a science. However this may be in the other departments, it is certainly obvious that the study and treatment of lunacy has become too exclusively confined to a small section of the profession, and that great mischief arises from the fact that so few of even our most accomplished professors

have any knowledge of the various types of mental derangement. The leading professors of the art and science of healing, turn in disdain from a department of medicine that appears to them to involve the talent of trade, and thus the working out of some of the most interesting and important problems in the field of psychological and pathological research is left in the hands of the few, while they really demand the talent and acumen of the many. The study of mental disorders is studiously excluded from the medical curriculum, alienist physicians, as they are therefore well called, work in a department of science the first principles of which are not even recognised by their medical brethren, and seem often to speak a language not understood by those around them ; and thus indisputable facts and conclusions in psychological medicine become liable to be ignored or passed over, as the crotchets or the mere opinions of prejudiced observers.

That this should be the fate of deductions from speculative or metaphysical theories is not surprising ; but it does seem most marvellous that General Paralysis, a disease so frequent in its attack, and so serious in its result, the form of insanity, that is, perhaps, of all the most clearly marked out by physical and mental symptoms, should still remain unknown to the great mass of the profession. The consequence of this ignorance is even worse in this particular form of insanity than in any other, for it is in the stage of incubation, and the very onset of the disease that the chances of the cure are restricted ; and it too frequently happens that valuable time has been lost, the friends of a patient have been misled, his property squandered, his reputation tarnished, because the inexperienced practitioner has been treating a disease, the peculiar symptoms of which he could not recognize, and whose connection with brain disorganization he never suspected, until at last obliged to admit the existence of obvious and undoubted mental derangement.

“I was staying recently at a friend’s house in the country,” said one of our most distinguished physicians to me recently, “and I was asked to see the wife of a tradesman of the village, who had been, as I was informed, suddenly attacked with madness. My friends were anxious about the poor woman. I gave them a favourable opinion of the case, and undertook to procure her admission into Bethlehem. I was mortified to find that they would not receive her there, because they detected symptoms of paralytic disease. A few weeks afterwards, I saw another case of mania, in a domestic servant, a woman.

I recommended her also to Bethlehem, and her admission was refused, and doubtless very properly, on the ground, that again in her case there were symptoms of paralysis. In neither patient were there, to my eye, any other symptoms than those of mental aberration, and none to lead me to fear any serious organic change in the brain. It is to be regretted that we have no systematic treatise on the subject of General Paralysis, and that the symptoms upon which so certain and rapid a diagnosis seems to be arrived at, should not be better known and appreciated."

I promised my friend that I would attempt a sketch of the rise and progress of this frightful malady, as I have met with it in my own practice. The treatise I must leave to abler hands. I propose, therefore, in this essay, to give a short history of the disease, to point out the sources from which a more extended knowledge of it may be derived, to explain the causes that render it still so comparatively unknown to the medical profession at large, and to offer such views upon its nature and treatment as I may have learned from my own experience, and adopted from the teaching of others.

To Esquirol, the most eminent psychological physician of France, the man to whom our department of science is most indebted, we owe the first notice of this affection, and French alienists have devoted much attention to a disorder, whose importance Esquirol had thus indicated. Within a few years, Bayle published a description of it, as an inflammatory affection of the meninges of the brain; and in 1826, Calmeil produced his admirable monograph, entitled "*De la Paralyisie considérée chez les Aliénés*," in which the disorder was first mapped out, and the terrible significance of its symptoms demonstrated, with a terseness and success that may be considered as rendering his work unrivalled in medical literature. In France, the knowledge of the disease, and its pathology, has been further extended by the researches and writings of Parchappe, Guislain, Foville, Ferus, Lelut, Briere de Boismont, Baillarger and others, and distinct treatises have been written by M. Delaye, M. Rodríguez, of Montpellier, and lastly by M. Jules Falet, whose comprehensive summing up of our knowledge on the subject, and whose clear views as to the diagnosis and treatment of the malady, make the study of his work essential to the psychological student, and most interesting to the practical physician. Still more recently, the pathology of general paralysis has been made the subject of an inaugural basis by Mr. Linas, which I have not seen, but which is mentioned in terms of high eulogy by the French physicians, and particularly by M. Brown-Séquard.

In England, although there is no systematic treatise on this special disease, the stress laid upon it by the French school of psychological medicine, the frequency of its occurrence, and its usually fatal progress, have rendered the symptoms of general paralysis perfectly familiar to the alienist physicians, and have induced among them a particular study of its nature and treatment. Unfortunately the result of their labours is almost entirely confined to the pages of the journals specially devoted to mental science, and this easily recognisable and important disease remains almost concealed from the observation of the medical public. The best account of general paralysis is to be found in the Croonian lecture of Dr. Conolly, published in the *Lancet* for 1849, and delivered before the College of Physicians in the same year. It is much to be regretted that the clinical lectures of the same esteemed physician, to which I owe my own acquaintance with the disease, and from which the Croonian lectures were condensed, have never been published. They yet may be ; but the lecture referred to, graceful and eloquent, yet essentially practical, may be taken as an evidence, that I only follow Dr. Conolly's opinion in dwelling upon the importance of the malady, and the lamentable want of a more general knowledge of its symptoms among the profession at large. In Dr. Copland's *Medical Dictionary*, the subject, as might be expected, is admirably, though briefly discussed ; and I believe these two instances embrace the amount of information on the subject that has been addressed to those members of the profession not actually engaged in the department of medicine to which I myself belong.

As Calmeil's work appeared so late as 1826, the disease being previously perfectly unknown to us as a distinct form, the older English works on insanity do not throw any light upon the subject ; and the treatises upon psychological medicine published since, seem to consider that the French authors must be so well known to their readers, that they may themselves cursorily pass over the symptoms and treatment of this formidable disease. Still some admirable articles on general paralysis are to be found scattered through the journals devoted to mental science, and the materials exist for a very full description of it in all its stages. The principal aim, however, of the English writers seems rather to have been to elucidate the pathology of general paralysis ; and there are elaborate researches by some of our most eminent psychological and other physicians, among whom I may mention Dr. Bright, Dr. Webster, Dr. Sutherland, Dr. Bucknill, and Dr.

Hitchman, to the last of whom I should especially wish to acknowledge my obligations ; sharing as I do to a great extent his views, and remembering his personal courtesy to me while attending many years ago his admirable lectures at Hanwell. In America the disease has received much attention, and foremost amongst the writers upon it, I may mention the names of Dr. Bell and of Pliny Earle.

In addition to the almost universal disinclination of the profession to the study of psychological medicine, and the absence of any treatise on the subject of general paralysis in our own literature, there is another fact which has had considerable influence in restricting extended enquiry into this very important disease, and in preventing its recognition as a distinct malady. This fact of more importance than it would at first seem, is that the *name* by which we have designated the disease, and which has become of almost universal employment in our reports and case-books, already belonged to another malady, by no means necessarily connected with affection of the brain. General paralysis is known to every student in medicine as existing without mental aberration, it means simply that the upper and lower extremities on both sides of the body, have lost either motion or sensation or both ; and it may arise, as all know, from peripheral nervous disease, or from accidental or idiopathic disorganization of the spinal column. I am aware that it has been said that general paralysis may advance still further, and the tongue and some of the senses be affected, the intellect remaining unimpaired. I have never seen such a case ; still it is theoretically possible, and thus Dumas in the veracious pages of Monte Christo, describes the paralytic Nortier, as possessing great mental power, and capable not only of executing a will, but of assisting those around him by wise counsels, signalled through the agency of the muscles of his eye-lids, which alone retained the power of voluntary movement.

This suppositious case of M. Dumas may seem very absurd, but it is by no means unparalleled in actual life, and very important medico-legal questions may arise upon the mental condition of a patient in whom there is a general paralysis. Recently in America, an important issue, the Parish Will Case, turned upon the very point whether a paralytic unable to speak or write intelligibly, was or was not competent to execute a will. There does not appear to have been any evidence in this case, as to the existence of the special disease I am about to describe, and I only allude to it as instance of the necessity for a clear discrimination between the ordinary

general paralysis, and that distinct brain affection to which we have improperly applied the same name. This difficulty as to the name of the disease has been felt, and various titles for it have been suggested, either founded on its pathology, as the "chronic meningitis" of Bayle, or on its mode of advance as the "progressive paralysis" of Baillarger and Rodriquez. None of these appear to me so well to translate Calmeil's original designation, "*paralysie générale des aliénés*," as the name "paralytic insanity," and it must be understood that I only technically employ the appellation of "general paralysis," because the most familiar to me, and that I draw a wide distinction between the diseases, which can only be confounded together in their last stages, and even then their diagnosis, though difficult, is not impossible to any physician conversant with the symptoms of the mental as well as the physical malady.

The cases that I am about to detail,—and they are such as occur every day in the practice of the alienist physician,—will exemplify the terrible nature of this malady, by whatsoever name it may be called, and will prove that I cannot lay too much stress upon the importance of recognizing its early symptoms. To those not familiar with general paralysis, the alleged certainty of its diagnosis may appear marvellous. I can appeal to many practitioners in my special department of the profession, to attest the fidelity of my descriptions, and to bear witness to the fact, that I have in no way over-estimated the importance of this disease and the ignorance of the profession at large as to even its existence. They recognize only the later stages of it, and it frequently happens to the psychological physician, sent for at last by the practitioner attending such a case, or by the anxious relatives of a patient, in whom some apparently slight indications of mental unsoundness have appeared, to be obliged to give an opinion, that is received with incredulity or anger. The ordinary medical attendant, inexperienced in the treatment of mental diseases, has detected only some strangeness of manner and some slight paralytic symptoms, or transitory spinal disorder in his patient, whom he thinks suffering under temporary excitement, he doubts the justness of the opinion which the practised psychological physician must at once pronounce ; and he will not believe that he can have overlooked the existence of distinct delusions, and peculiarities of gait and speech that are so full of fatal significance. The special practitioner is politely dismissed, and rest, sea air, or change of scene are tried, in the hope of restoring the patient's nervous tone, and the

strangeness of manner and hesitating articulation are expected to disappear under alteratives, wine and tonics. A few months pass over, and, as might have been foretold, that strange manner, far from disappearing, becomes absolute insanity; the physical symptoms once so obscure, have now assumed frightful prominence; the patient can no longer speak intelligibly; his hand is unable to return the pressure of a friend's grasp; his limbs can no longer bear the weight of a body, which still continues to keep up a fallacious appearance of health and vigour; and then, if sudden effusion upon the brain does not earlier close the scene, within a few years, the disorder still further progressing, speechless, and motionless, his mental faculties entirely lost, he will slowly sink into the grave, unable to appreciate the attention, or even to recognize the faces of his nearest and dearest friends. It is in this last stage that this disorder so exactly resembles general paralysis, as seen in ordinary hospitals. The points of difference may be shortly stated. The history of the true mental affection I have already given, there has been delusion and progressive paralysis; these symptoms by no means indicating the near approach of death; in the other case, there has been some blow upon the head, or accidental injury to the spine, or sudden apoplectic seizure, there has been progressive paralysis also, but each limb, or each side, has been separately attacked, and most important of all, although the memory may have become impaired, and there may now be delirium or coma, there has been no extravagance of conduct or want of reason manifested previously to the seizure that affected the whole motive power. Again the prognosis of this form is not altogether hopeless; the blood or serum poured out may be absorbed, the patient may recover, and if not, he will survive but a very short time. In the mental disorder, the patient's state is hopeless, but his life with care may be prolonged for months.

If it should happen that no previous history of the case can be obtained—a supposition practically absurd—there is another distinctive sign of the general paralysis of the insane, which renders its diagnosis sufficiently clear from the ordinary disease. Reflex action in the limbs is entirely, or almost entirely, lost. Dr. Bucknill has paid particular attention to this symptom, and to his pages I would refer the reader for further information. I have myself verified the statement, that tickling the soles of the feet of patients suffering under paralytic insanity in its last stage, is followed by very slight reflex muscular action; while in paraplegia or other palsy, from pressure or local injury, reflex action is active, and most

easily induced. To such an extent does this want of reflex power in paralysis of the insane extend, that it is not uncommon for patients to die asphyxiated with morsels of food, that the pharyngeal muscles fail to send on, from diminution of their ordinary reflex power of propulsion.

This subject must come again before us in considering the pathology of "paralytic insanity." I have said enough I think to show the distinct line of demarcation between this disorder, and the paralysis of muscular movement described by the writers on general medicine.

It may be imagined that I over-estimate the importance of "general paralysis," that supposing it to exist, it is not a common disorder, and therefore the physician engaged in the treatment of ordinary disease, may be excused for not studying so rare a malady. I do not know that this would be a valid reason for the neglect of a disease so fatal in its consequences to the patient, but a few figures will show at once the fallacy of such an excuse.

The mean mortality of the population of England and Wales, is given by the Registrar-General, as being in round numbers about 2 per cent. per annum. The average death rate among the insane, according to the last returns of the Commissioners in Lunacy, is about 10 per cent. in the county, and 9 per cent. in the private asylums; of these it may be estimated that, of the male sex, 50 per cent. of the deaths were from general paralysis; and of the females about 11 per cent. sank under the same disease. This has been shown to be the case at Hanwell; and in the private asylums there would appear to be a still higher mortality from the same form of disorder. Nor is this all, for it must be remembered, that general paralysis may be considered, (as will appear hereafter,) to be an acute disease, and if we restrict the examination of the question to cases of recent attack only, 70 per cent. of the deaths may be put to the account of this terrible malady. This has been my experience in my own asylum. And in the Croonian lectures already referred to, Dr. Conolly quotes a return from Dr. Stilwell's asylum at Hillingdon, where of the deaths 66 per cent. were from paralytic insanity, although it is not mentioned whether in any of these cases the disorder supervened, as it may do, upon other forms of mental derangement.

It unfortunately happens that the published statistical returns of the results of treatment in cases of recent brain disease, are deficient and confused. Dr. Alexander Sutherland gives as his experience, and his own returns confirm his

statement, that under active medical treatment in the early stage of the malady, from 75 to 80 per cent. of those attacked for the first time with insanity, are restored to reason. Now as general paralysis is almost invariably incurable, and always fatal if not arrested, it follows statistically, that the physician who can detect the existence of paralytic insanity, or who is convinced that the patient is not attacked by it, can prognosticate almost with certainty the issue of the seizure; in the one case, that of recent insanity without paralysis, the chances of cure are four to one in favour of the patient; the chances of death under proper care, and except in a few cases, infinitesimal; on the other hand, the chances against the unhappy patient attacked with general paralysis are too great to estimate; but although I am by no means inclined to think that the disease, if treated at its outset, is altogether hopeless; there appears little doubt that its later stage once being entered upon, more or less miserably, as his disease is or is not understood, every sufferer from this form of disorder sinks under the remorseless ravages of this deadly malady, within a very short period from its first appearance.

Though there may be many who demur, as I do myself, to the opinion, very confidently expressed, that paralytic insanity is incurable, its gravity and danger are sufficiently attested by the fact, that patients in whom even its early symptoms are detected, are refused admission into the hospitals of Bethlehem and St. Luke's, on the ground of the uselessness of treatment. I need not dwell upon the importance it may be to many families, that the existence, or even the approach of such a malady, should be discovered before mischief is irretrievable, and hopeless disease set in; even on the supposition that only a few cases recover, it may be of the utmost importance that in the cases in which a contrary result must ensue, the fatal termination of the malady should be foreseen, the date of its invasion ascertained, its probable duration accurately foretold, and the suffering it entails as much as possible alleviated.

There is again another reason that renders this form of insanity one of peculiar interest; its invasion is almost always upon men, and upon men in the very prime of life; in females of the lower class it does occasionally occur; in the same sex in a higher rank of life, very rarely. Dr. Conolly has never seen in his long experience, a single case of a lady attacked with general paralysis; Dr. Sutherland has met with one case only. Paralytic insanity therefore seems to single out the individual whose life as the head of a household, perhaps,

altogether dependent upon his exertions, is of paramount importance. The upper ranks of society would also appear to be specially liable to its attacks, and the statesman, the divine, the country gentleman, are subject to it, in common with the industrious citizen, and the steady tradesman. At the same time it must be admitted, that intemperance and profligate habits predispose to the disorder, and it is possible that one particular form of dissipation may play a specially important part in the development of the terrible symptoms of this disease. The victims moreover of general paralysis are not therefore as might have been expected, the ailing and the weak ; but the ardent sportsman, the strong and busy worker, the men of active intellect and powerful frame, appear especially liable to its ravages, which passing over the less robust, seem with perverse malignity to select those who appear to have the fullest enjoyment of mental and physical health.

(To be continued.)

Commentaries on Insanity. By D. F. TYERMAN, ESQ.

Continued from Page 372.

Case 7. Chronic mania; death preceded by convulsions. A. J. C., 32, unmarried, by occupation a chimney sweep, admitted in June, 1852, had been insane for eighteen months, the cause and history of the disease being unknown. The case was characterized by constant restless excitement, and, although of small stature, the patient was frequently impelled to attack other patients even of great muscular strength, and challenge them to fight; much vigilance being required to prevent injurious, or fatal retaliation. His habits were very indecent; and he was addicted to eat any description of filth; even excrementitious matters. The case terminated fatally by very gradual exhaustion, fifteen months after his admission; an attack of convulsions, ending in coma, having set in three days before death.

Autopsy. Brain substance highly vascular and firm; the lateral ventricles (the cornua of which were not prolonged into the posterior lobes) containing much serum. Membranes of the brain highly vascular, opaque, and partially adherent to the cortex. Very abundant serous effusion into the arachnoid sac. Thorax. There were scattered tubercles in both lungs: and effusion, to the amount

of 2 ounces of serous fluid had taken place into the pericardium. Heart well contracted and healthy. Abdomen. There were large cretaceous deposits in the mesentery. Abdominal organs generally free from disease.

Comments. The tubercular diathesis with its associated blood dyscrasis, was probably the basis of cerebral irritation in this case. The majority of the insane are fortunately amenable to persuasion, and skilled attendance; but the fact must not be overlooked that there is a large division whose head-long, impulsive propensities, excited by cerebral disease, require, in the absence of all mechanical restraint, an efficient staff of attendants for their protection. In one instance at Colney Hatch, the homicidal was associated with equally powerful, and persisted suicidal tendency; and after many narrow risks escaped, it became imperative, to appropriate solely to the case the vigilance of one day, and one night attendant, besides the ordinary day and night observation. The least remissness on the part of the attendants was sure to be taken advantage of by the patient, to their cost, and one of them, whilst dozing, nearly lost his life by a blow on the head. After all, he evaded his night watch, and effected his suicidal purpose.

Case 8.—Mania: death from ramolissement of the brain, and exhaustion on the fifth day. H. R. B., æt. 35, married, a labourer, admitted in October, 1853, had been insane for many years, the cause of the disease not being stated. He had refused food, and the mouth was bruised by attempts forcibly to administer it. He was in a deplorable and indeed hopeless state;—emaciated, helpless, and prostrated. The mouth, from which one tooth had been extracted, was parched; the eye was sunken, and the pulse accelerated, and the limbs tremulous. With difficulty he was induced to take a little wine and beef tea, which the stomach, in part, rejected. On the third day he was taciturn, and unconscious; the lips and mouth being dry, and covered with sordes, as in typhoid fever. He died collapsed on the fifth day.

Autopsy. Brain: weight 44 ozs. There was great arterial, and venous congestion of the organ, as well as of the membranes, which were opaque, and, in the direction of the longitudinal fissure, adherent to the cortex. The substance of the brain was generally softened, and in some parts of almost pulpy consistence. There was abundant effusion into the lateral ventricles, the pia mater, and arachnoid sac. Thorax. There were scattered tubercles in both lungs, and on the surface of the upper left lobe was an extensive, fibrous cicatrix. Abdomen. Organs rather congested, but generally natural. The mucous membrane of the duodenum, immediately beyond the pyloric orifice, was extensively diseased, being denuded, rough, and irregular, with minute follicular ulcers. Beyond that portion were several ulcers, of a different character, of the size of a sixpence, of irregular form, deep, and involving all

the textures except the serous tunic, with raised margins of reddish tint. Contents of bladder so loaded with flakes, and sediment, that when stirred they assumed a milky, or whey-like appearance.

Comments. Here was evidently a neglected case of insanity, treated empirically, and without discrimination; anorexia, the result of morbid changes in the duodenum, brain, and blood, having been mistaken for voluntary, and obstinate refusal of food. It is to be hoped that beneficial changes in the laws, will, in future, ensure the early, and rational treatment of every case in lunacy, and that the admission into asylums of moribund patients will not much longer have to be recorded. With reference to the refusal of food, the experience of Colney Hatch has proved that a varied classification, and transference of patients so disposed to the charge of the more skilled infirmary attendants, have brought about the object to be desired. In other instances certain methods of appeal have succeeded. I asked one contumacious and very obstinate patient whether he resorted to any irrational method of appeasing his appetite, when he started with emotion of enquiry and surprise, but in future, took the diet prescribed without opposition.

Case 9.—Mania, from general disease: fatal in three months. J. L., æt. 40, single, a seller of water cresses, admitted in July, 1853, was suffering from acute mania, his restlessness being incessant, and his language half-articulate, babbling. The tongue and mouth were dry and furred, and exhaustion was imminent. He was the subject of spinal deformity. The warm bath, a nutritious diet, aperients, opium, &c. brought about a favourable change in about a month, and the tongue became perfectly clean and moist. Maniacal agitation recurred, however, became chronic, and on October 5rd, convulsions supervened, excluding all further hope of the case, which terminated fatally two days afterwards.

Autopsy. Brain: weight 40 $\frac{3}{4}$ ozs. The substance of the organ softish, and injected. Great opacity of the arachnoid, with moderate effusion into its sac, and the pia mater. Membranes adherent to the cortex along the longitudinal fissure. The lateral ventricles were distended with serous fluid, and their lining membrane, as well as that of the fourth, was finely studded with glistening granules. Thorax. Scattered tubercles in both lungs, and upon the surface of the left were masses of yellow, coriaceous fibrin. Left lung partially, and the right universally adherent to the walls of the thorax. Posterior portion of the left lung solidified by old pneumonic deposit, blood, lymph, and small abscesses containing thick pus, being interspersed in the tissues. Two or three ounces of dark yellow serum in pericardium. Surface of heart opaque with a thick layer of lymph; the state of this organ being otherwise normal. Abdomen. Liver, and other organs congested. Mucous surface of duodenum rough and irregular, partially denuded by minute ulceration, and presenting a multitude of black points resem-

bling "shaven hair." Kidneys marbled, the plexuses of the cortical tubules being separated by the injected, interspersed areolar tissue. On the convex border of the right a prominence, found to be a cyst, of the size of a small marble, with a distinct lining membrane. There was great lateral spinal curvature with bulging of the ribs to the right side.

Comments. In default of a history of this case, the post mortem appearances sufficiently demonstrate the effects of a precarious calling upon an originally delicate constitution. The youth, perhaps reared with difficulty, after the failure of various attempts to obtain a livelihood, tramps the streets, monotonously uttering the London cry, "water cresses"; or perhaps he gathers the spring delicacy from its oozy bed. Rheumatic affection of the heart, frequently returning pleurisies, pneumonic disease, and softening of tubercles in the lungs, soon invite a premature old age, inaugurated, doubtless, by keen mental distress, of which the subjects of spinal curvature and phthisical tendencies are particularly susceptible.

Case 10. Dementia, general paralysis. M. M., æt. 53, a labourer, native of Ireland, admitted in August, 1853, was already demented, and the subject of advanced general paralysis, no history of the case was supplied. The articulation was thick, and impeded; and deglutition was difficult, owing to the impaired power of the tongue and pharyngeal muscles, great care being necessary to avoid the risk of suffocation during the administration of food, which was given in a comminuted, and semi-fluid form. Decay was gradual, and the patient sank in October, two months after his reception.

Autopsy. Brain : weight $51\frac{1}{2}$ ozs., the organ generally exsanguinous. Membranes not opaque, except towards the margins of the hemispheres where they were thickened. The large transverse veins were gorged with dark blood. In the left corpus striatum one or two small cavities containing yellowish debris, like tubercle or chalk. Anterior portion of right corpus striatum entirely occupied by brownish-yellow broken up tissue; and the medullary matter underneath was undergoing a process of softening. The amount of serum within the ventricles, arachnoid sac, and pia mater was large. Arteries of the base of the brain greatly degenerated, and converted into osseous cylinders. Spinal cord softened at the inferior cervical and middle of the dorsal portion. Spinal veins large, tortuous, and full of dark blood. Thorax. Lungs anteriorly normal; posteriorly much loaded and gorged, and on passing the fingers over the surface, the sensation communicated was that of small shot, or cells filled with solid contents; and much frothy serum exuded on section, which exposed circumscribed masses of pale-grey, hard granular lymph deposit. Heart large, $14\frac{1}{2}$ ozs. Left ventricle much hypertrophied and firm, the parietes being about an inch in thickness. The coronary arteries, near their

origin, were converted into cylinders of bone, and their branches were degenerated. Ascending aorta voluminous, not degenerated. Abdomen. Organs generally had a normal appearance, but the pancreatic artery, like those of the brain and heart, was greatly degenerated: so that the vascular changes would seem to have been general.

Comments. Although this patient was resident two months only, the post mortem appearances, revealing old vascular disease of the brain and other organs, extensive cerebral and spinal lesions, hypertrophy of the heart, &c., sufficiently indicated the chronicity of disease. The attack was probably recurrent, and several exacerbations of paralysis had no doubt happened. In default of the independent action of the degenerated arterial system, the left ventricle of the heart had greatly increased in volume and power; and its condition may be viewed as one of compensation, rather than of disease. The frequent concomitant of spinal was added to general paralysis, and death was attributable to the affection involving the vagus and other respiratory nerves.

(To be continued.)

APPOINTMENTS.

MR. THOS. GWYNNE, M.R.C.S., to be Assistant Med. Officer to the Sussex Asylum.

MR. RICHARDSON, M.R.C.S., to be Assistant Med. Officer to the Essex Asylum.

